

L14006030287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

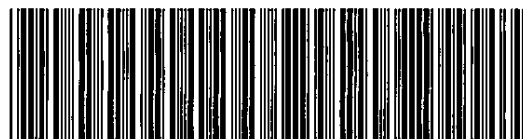
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/14--01020--001 **130.00

Effective Date 2/18/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -6 PM 3:41

2/21
(977)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Siesta Key Handbags 'n More, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dee A. Grimm
Name of Person

Siesta Key Handbags 'n More, LLC
Firm/Company

5257 Avenida del Mare
Address

Sarasota, FL 34242
City/State and Zip Code

dgrimm3@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dee A. Grimm at (941) 349-9091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

DEE A GRIMM
5257 AVENIDA DEL MARE
SARASOTA, FL 34242

SUBJECT: SIESTA KEY HANDBAGS 'N MORE, LLC
Ref. Number: W14000008692

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -6 PM 3:41

We have received your document for SIESTA KEY HANDBAGS 'N MORE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 6, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 614A00003023

Effective Date 2/18/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Siesta Key Handbags 'n More, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5257 Avenida del Mare
Sarasota, FL 34242

5257 Avenida del Mare
Sarasota, FL 34242

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dee A. Grimm

Name

5257 Avenida del Mare

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL 34242

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Dee A. Grimm

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR, MGR

Name and Address:

Dee A. Grimm

5257 Avenida del Mare

Sarasota, FL 34242

MGR

Kathy Robinson

718 Treasure Boat Way

Sarasota, FL 34242

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 18, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Dee A. Grimm

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dee A. Grimm

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)