

L14 000080484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

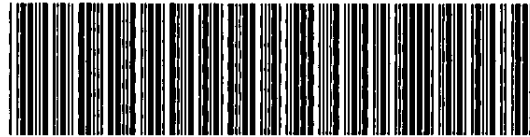
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/14--01003--007 **160.00

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14 MAY 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

JOANN BRANDON
2811 NE 51ST STREET #7
FT LAUDERDALE, FL 33308

SUBJECT: CLOUD 9 BRANDING SOLUTIONS
Ref. Number: W14000028817

We have received your document for CLOUD 9 BRANDING SOLUTIONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00009733

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cloud 9 Branding Solutions
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:

JoAnn Brandon
Name of Person

Cloud 9 Branding Solutions
Firm/Company

2811 NE 51st Street #7
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

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

For further information concerning this matter, please call:

JoAnn Brandon at (248) 842-3505
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cloud 9 Branding Solutions, "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:

2811 NE 51st Street #7
Fort Lauderdale, FL 33308

Mailing Address:

2811 NE 51st Street #7
Fort Lauderdale, FL 33308

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

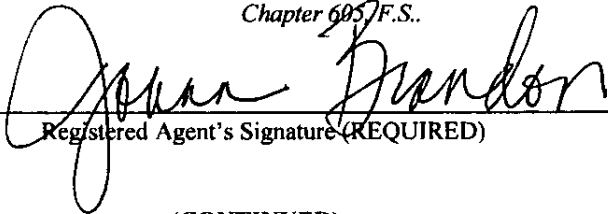
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JoAnn Brandon
Name
2811 NE 51st Street Apt 7
Florida street address (P.O. Box **NOT** acceptable)
Fort Lauderdale, FL 33308
City Zip

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

Name and Address:

JoAnn Brandon

2811 NE 51st Street Apt 7

Fort Lauderdale, FL 33308

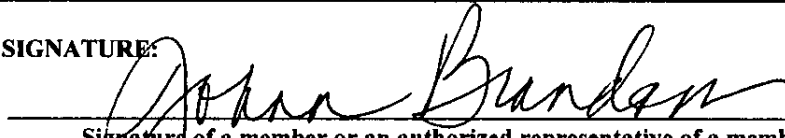
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 15th, 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:



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.)

JoAnn Brandon

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)