

L14000097094

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(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
14 JUN 16 PM 4:35  
TALLAHASSEE, FLORIDA

T. Burch JUN 16 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOAP SOLUTIONS, 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:

MICHAEL KILLINGSWORTH  
Name of Person

SOAP SOLUTIONS, LLC  
Firm/Company

6539 CREWS LAKE CREST LOOP  
Address

LAKELAND, FL 33813  
City/State and Zip Code

MKILLINGSWORTH@TAMPABAY.BB.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL KILLINGSWORTH at ( 863 ) 370-8607  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

SOAP 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:

Mailing Address:

6539 CREWS LAKE CREST LOOP  
LAKELAND, FL 33813

6539 CREWS LAKE CREST LOOP  
LAKELAND, FL

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:

MICHAEL KILLINGSWORTH

Name

6539 CREWS LAKE CREST LOOP

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

LAKELAND

City

FL 33813

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUN 16 PM 4:35  
CLERK OF COURT  
H. LAWSLEY, FLORIDA

**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:**

MICHAEL KILLINGSWORTH

6539 CREWS LAKE CREST LOOP

LAKE LAND, FL 33813

MGR

CHRISTOPHER TAMMEN

6104 MALCOMB DRIVE

LAKE LAND, FL 33813

MGR

DANIEL BAILEY

3140 IOWA ROAD

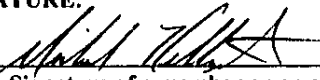
LAKE LAND, FL 33803

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

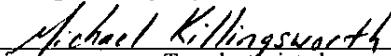
**REQUIRED SIGNATURE:**



**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.)



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)**