

L14000 116761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/14/14--01020--023 **130.00

EFFECTIVE DATE 7/30/2014

FILED
14 JUL 24 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ER4
7/24/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KS Designs Gift Baskets

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:

Karen A. Sayles

Name of Person

Firm/Company

140 N. Atherley Road

Address

St. Augustine, FL. 32092

City/State and Zip Code

karen_sayles@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Sayles

at (904)

318-6940

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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



EFFECTIVE DATE 7/30/2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2014

KAREN A. SAYLES
140 N. ATHERLEY ROAD
ST. AUGUSTINE, FL 32092

*Correction
made*

SUBJECT: KS DESIGNS GIFT BASKETS, LLC
Ref. Number: W14000043339

We have received your document for KS DESIGNS GIFT BASKETS, 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 July 14, 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) 245-6051.

Elliott R McCaskill
Registration Specialist II

Letter Number: 714A00015135

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14 JUL 24 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/30/2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KS Designs Gift Baskets, 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:

140 N. Atherley Road
St. Augustine, FL 32092

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:

Carol Freitag

Name

35 Wisteria Road

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

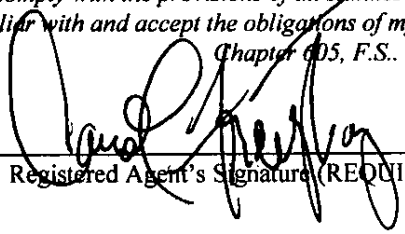
DeBarry

FL 32713

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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:

Karen Sayles

140 N. Atherley Road

St. Augustine, FL. 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1, 2014 July 30, 2014 (OPTIONAL) KS

(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:

Karen Sayles

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.)

Karen Sayles

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)

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