

L14000/21900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

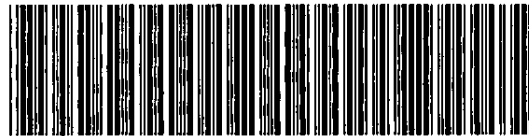
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG - 4 2014

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2014 JUL 31 PM 2:10

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iGreek, LLC.
Kimberly Jones-Smith
9370 SW 8th St, #410
Boca Raton, FL 33428
(561) 239-3437

Florida Department of State
Division of Corporations
Registration Section
P.O. BOX 6327
Tallahassee, FL 32314

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TALLAHASSEE, FL

Re: Request to File Articles of Organization

I am enclosing the original Articles of Organization which are hereby submitted for filing, for iGreek, LLC.

I am also enclosing a check for \$160.00, payable to the Florida Department of State, to cover your filing fee of \$125.00, Certified Copy fee of \$30.00, and Certificate of Status fee of \$5.00.

Sincerely,



Enclosures
Articles of Organization
Check \$160.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iGreek, 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:

Kimberly Jones-Smith
Name of Person

iGreek, LLC.
Firm/Company

9370 SW 8th Street, #410
Address

Boca Raton, FL 33428
City/State and Zip Code

igreekapparel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Jones-Smith at (561) 239-3437
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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

iGreek, 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:

9370 SW 8th St #410
Boca Raton, FL 33428

Mailing Address:

9370 SW 8th St #410
Boca Raton, FL 33428

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:

Kimberly Jones-Smith
Name

9370 SW 8th St #410

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

Boca Raton, FL 33428
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.

Kimberly Jones-Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 32301

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

AMBR

AMBR

Name and Address:

Kimberly Jones-Smith
9370 SW 8th Street, #410
Boca Raton, FL 33428

Vanessa Clarke
55 Dignity Gardens
PO Box-7696 Nassau, Bahamas

Indira Mass
55 Dignity Gardens
PO Box-7696 Nassau, Bahamas

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(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:

Kimberly Jones-Smith

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.)

Kimberly Jones-Smith

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)