

L14 006185344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

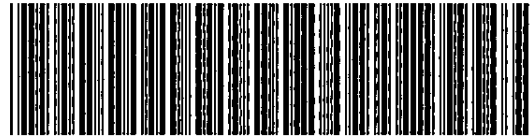
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 DEC -5 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 11 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2014

KENNETH BRYAN  
1858 SW PALM CITY RD #106  
STUART, FL 34994

SUBJECT: I WAS FRAMED LLC  
Ref. Number: W14000061648

We have received your document for I WAS FRAMED LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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: 414A00021624

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: "I WAS FRAMED" 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:

KENNETH BRYAN

Name of Person

"I WAS FRAMED" LLC

Firm/Company

1858 SW. PALM CITY RD #106

Address

STUART, FL 34994

City/State and Zip Code

GULFCAB17@GMAIL.COM

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

For further information concerning this matter, please call:

Ken Bryan

Name of Person

at ( 772 )

Area Code

215-4712

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"F WAS FRAMED" 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:

1858 SW. Palm City Rd #106  
STUART, FL 34994

Mailing Address:

None

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:

Kenneth Beyer

Name

1858 SW. Palm City Rd #106

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

STUART

City

FL

34994

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 606, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

Kenneth Bryan  
1858 SW Pine City Rd #106  
Stuart, FL 34994

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager

(Use attachment if necessary) 12-15-14 (OPTIONAL)  
Signature of a member or an authorized representative of a member  
Signature with section 865.0203 (1) (b), Florida Statutes, the execution of this document constitutes a third degree felony as provided for in s.817.155, F.S.)

ARTICLE V: Effective date, if other than the date of filing:  
(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:

Kenneth Bryan  
(In accordance with section 865.0203 (1) (b), Florida Statutes, the execution of this document constitutes a third degree felony as provided for in s.817.155, F.S.)

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.)

Kenneth Bryan  
Typed or printed name of signee

Filing Fees:  
Filing Fee: \$175.00

Fee for Articles of Organization and Designation of Registered Agent

FILED  
14 DEC -5 PM 12:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE