

L1500028653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

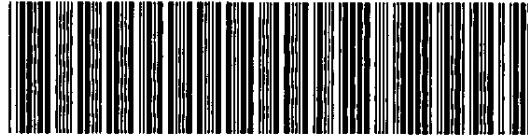
(Document Number)

Certified Copies _____ Certificates of Status _____

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W15-7905, P.O. Box

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REG. CLERK OF STATE
FALLS CHURCH, VA

B. BOSTICK
FEB 17 2015
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brigitte Koenig Enterprise 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:

Brigitte McCormack

Name of Person

Firm/Company

P.O.Box 50862

Address

Sarasota, FL 34232-0328

City/State and Zip Code

biggikoenigmccormack@gmail.com

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

For further information concerning this matter, please call:

Brigitte McCormack

Name of Person

at (941)

Area Code

724-0975

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brigitte Koenig Enterprise 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:

~~P.O. Box 50862~~ 4701 East Trails Dr.

P.O. Box 50862

~~Sarasota, FL 34232-0328~~ Sarasota, FL 34232

Sarasota, FL 34232-0328

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:

Brigitte McCormack

Name

4701 East Trails Drive

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

Sarasota

FL 34232

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.

Brigitte McCormack
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FL

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:

Brigitte McCormack

P.O. Box 50862

Sarasota, FL 34232-0328

(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:

Brigitte McCormack

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.)

Brigitte McCormack

Typed or printed name of signer

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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DEPT. OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

BRIGITTE MCCORMACK
POST OFFICE BOX 50862
SARASOTA, FL 34232-0328

SUBJECT: BRIGITTE KOENIG ENTERPRISE LLC
Ref. Number: W15000007905

We have received your document for BRIGITTE KOENIG ENTERPRISE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 415A00002206

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2015 FEB 16 A 9:30
TALLAHASSEE, FLORIDA
REGISTRAR OF CORPORATIONS