

L15000048602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



100269141911

Effective Date 3/1/15

02/19/15--01016--006 **130.00

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2015 FEB 19 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2015
J. HARRIS

100269141911

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studios 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:

Jessica G VanderKlipp
Name of Person

Studios
Firm/Company

3347 Wyoming Circle
Address

Tampa FL 33611
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessica VanderKlipp at (813) 783-5394
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

February 16, 2015

To whom it may concern:

I am looking to incorporate myself as StudioJV LLC. Here is my check and any articles to incorporate myself. If there are any questions please contact me at,

Jessica G. VanderKipp

3347 Wyoming Circle

Tampa, FL 33611

813-783-5394

jgklipp@gmail.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2015

JESSICA G VANDERKLIPP
3347 WYOMING CIRCLE
TAMPA, FL 33611

SUBJECT: STUDIOJV LLC
Ref. Number: W15000014567

We have received your document for STUDIOJV 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00004181

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective Date 3/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Studio V 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:

419 W. Platt St
Tampa FL 33606

Mailing Address:

3347 Wyoming Circle
Tampa FL 33604

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:

Jessica VanderKlipp
Name

3347 Wyoming Circle
Florida street address (P.O. Box **NOT** acceptable)

Tampa City FL 33604 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.

J VanderKlipp
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

Name and Address:

MGR

Jessica G. Vanderklipp
3347 Wyoming Circle
Tampa FL 33607


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1st 2015 (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.)

J. G. Vanderklipp

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)