

L15000075264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

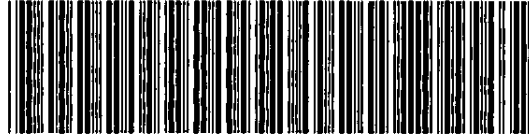
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-25725

Office Use Only



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03/19/15--01020--005 **130.00

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2015 APR 29 PM 2:47
CLERK OF COURT
JANUARY 1, 1890

APR 29 2015
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

MICHAEL MARTIN
560 JEFFERSON DRIVE, UNIT 110
DEERFIELD BEACH, FL 33442

SUBJECT: KINGSMAN CLOTHING, LLC
Ref. Number: W15000025725

We have received your document for KINGSMAN CLOTHING, 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 registered agent must sign accepting the designation.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A00007344

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32314

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingsman Clothing, 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:

Michael Martin

Name of Person

Kingsman Clothing, LLC

Firm/Company

560 Jefferson Drive, Unit 110

Address

Deerfield Beach, FL 33442

City/State and Zip Code

Kingsmanclothing@gmail.com

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

For further information concerning this matter, please call:

Michael Martin

Name of Person

at (407)

Area Code

247-1510

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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JANICE E. HARRIS
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kingsman Clothing, 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:

801 N. Magnolia Ave, Suite 414
Orlando, FL 32803

Mailing Address:

560 Jefferson Drive, Unit 110
Deerfield Beach, FL 33442

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:

Michael Martin

Name

560 Jefferson Drive, Unit 110

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

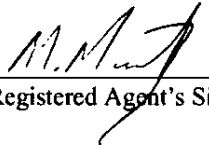
Deerfield Beach

City

FL 33442

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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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, 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

AMBR

Name and Address:

Michael Martin

560 Jefferson Drive, Unit 110

Deerfield Beach, Fl 33442

AMBR

Lawren Charles-Lagarino

340 Se 2nd Ave, Apt D2

Deerfield Beach, Fl 33441

AMBR

Joseph Dennis

207 Norfolk Place

Kissimmee, Fl 34747

(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:



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.)

Lawren Charles-Lagarino

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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TALLAHASSEE, FLORIDA