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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2015

KIMBERLY ROBINSON 1646 W 45TH ST C117 JACKSONVILLE, FL 32208

SUBJECT: KIMBERLYA...FIT FOR A QUEEN LLC

Ref. Number: W15000029773

We have received your document for KIMBERLYA...FIT FOR A QUEEN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Letter Number: 515A00008610

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: KimberlyAFit For The Queen Name of Li	mited Liability Company	
The en	aclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Kimberly A. Robinson	Name of Person	
	KimberlyAFit For The Queen	Firm/Company	
	1646 West 45th St C117	Address	
	Jacksonville, Florida 32208	City/State and Zip Code	
_ki	mberlyafitforthequeen@gmail.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fu	ther information concerning this matter, ple	ease call:	
Kimbe	erly Robinson at ( at ( at ( at ( at (	904 ) 444-5440 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:  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 Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
KimberlyAFit For The Queen LLC	•	
	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal	d office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1646 West 45th Street C117	1646 West 45th Street C117	
Jacksonville, Florida 32208	Jacksonville, Florida 32208	
another business entity with an active Florida registra	wn Registered Agent, You must designate an individuation.)	al or
The name and the Florida street address of the register	red agent are:	
Kimberly A. Robinson		
Na	me	
<u>1646 West 45th Street C11</u> Florida street address (P.O. E		
	sox NOT acceptable)	
<u>Jacksonville,</u> City	FL 32208 Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability coept the appointment as registered agent and agree to a ms of all statutes relating to the proper and complete per obligations of my position as registered agent as providing to the proper and complete per obligations of my position as registered agent as providing the proper follows:    Proceedings	rformance

AMBR" = Authorized Member  MGR" = Manager  Member-Managed  Kimberly A Robinson 1646 West 45th St C117 Jacksonville, Florida 32208  Member  Leovia C. Pugh 1846 West 45th St C117 Jacksonville, Florida 32208  John K. Stokes 1646 West 45th St C117 Jacksonville, Florida 32208  John K. Stokes 1646 West 45th St C117 Jacksonville, Florida 32208  Use attachment if necessary)  V: Effective date, if other than the date of filing:  VI: Other provisions, if any.  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.)  Leovia C. Pugh  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)	Title:	Name and Address:
Member-Managed  Kimberly A Robinson 1646 West 45th St C117 Jacksonville, Florida 32208  Leoyia C. Pugh 1646 West 45th St C117 Jacksonville, Florida 32208  Member  John K. Stokes 1646 West 45th St C117 Jacksonville, Florida 32208  We attachment if necessary)  V: Effective date, if other than the date of filing.  VI: Other provisions, if any.  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 penalize 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.)  Leoyia C. Pugh  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)	"AMBR" = Authorized Member	
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