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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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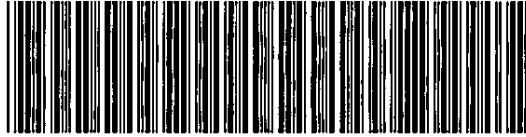
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/15--01038--003 **155.00

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15 MAY 29 AM 11:00
SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

JUN 01 2015
J SHIVERS

625



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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00008610

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KimberlyA...Fit For The Queen
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:

Kimberly A. Robinson
Name of Person

KimberlyA...Fit For The Queen
Firm/Company

1646 West 45th St C117
Address

Jacksonville, Florida 32208
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly Robinson at (904) 444-5440
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KimberlyA...Fit For The Queen 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:

1646 West 45th Street C117

Jacksonville, Florida 32208

1646 West 45th Street C117

Jacksonville, Florida 32208

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:

Kimberly A. Robinson

Name

1646 West 45th Street C117

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

Jacksonville,

FL 32208

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 MAY 29 AM 11:00
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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

Member-Managed

Name and Address:

Kimberly A Robinson

1646 West 45th St C117

Jacksonville, Florida 32208

Member

Leoyia C. Pugh

1646 West 45th St C117

Jacksonville, Florida 32208

Member

John K. Stokes

1646 West 45th St C117

Jacksonville, Florida 32208

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NO date (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.)

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)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
FLORIDA
15 MAY 29 AM 11:00
FILED