

U5000096033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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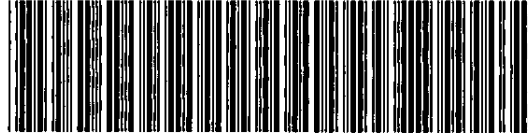
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN -2 PM 12:59  
MICHIGAN SECRETARY OF STATE  
LANSING, MI 48226

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2015

PAMALA HANSON  
510 SEACREST AVE  
MERRITT ISLAND, FL 32952

SUBJECT: SPACE COAST KIDS LLC  
Ref. Number: W15000036194

We have received your document for SPACE COAST KIDS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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: 715A00010798

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPACE COAST KIDS 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:

PAMALA HANSON

Name of Person

SPACE COAST KIDS LLC

Firm/Company

510 SEACREST AVE

Address

MERRITT ISLAND FLORIDA 32952

City/State and Zip Code

gjahanson@gmail.com

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

For further information concerning this matter, please call:

PAMALA HANSON at (321) 452-6547  
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)
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Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



## Space Coast Kids, LLC

1605 Newfound Harbor Court  
Merritt Island, FL 32952

**Reference: Space Coast Kids, LLC, Document Number L12000037187**

Space Coast Kids, LLC will not revoke the Voluntary Dissolution of Space Coast Kids, LLC. We have sold the business as well as the business name, Space Coast Kids, LLC to Gia Payne and Pamala Hanson.

The name and address of the person appointed to wind up the company's activities and affairs:

SUSAN FINCH

1605 NEWFOUND HARBOR COURT

MERRITT ISLAND, FL 32952

I submit this document and affirm that the facts stated herein are true.

Sign and Date

Witness

Susan M. Finch

Owner/Manager

Sworn to and subscribed before me this  
28<sup>th</sup> day of May, 2015

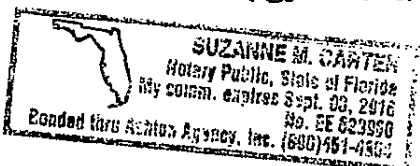
by

Signature of Notary Public

Notary's Name, Printed, Stamped or Typed  
Personally Known      or Produced ID     

Type of ID produced     

# 520-753-67-566-0



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15 JUN -2 PM 12:59  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPACE COAST KIDS 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:

476 KENNWOOD AVE  
MERRITT ISLAND FLORIDA 32952

Mailing Address:

510 SEACREST AVE  
MERRITT ISLAND FLORIDA 32952

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:

PAMALA HANSON

Name

510 SEACREST AVE

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

<u>MERRITT ISLAND</u>	<u>FLORIDA</u>	<u>32952</u>
City	State	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.*

Pamala Hanson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MERRITT ISLAND  
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

MGR

Name and Address:

PAMALA HANSON

510 SEACREST AVE

MERRITT ISLAND FLORIDA 32952

MGR

GIA HANSON PAYNE

476 KENNWOOD AVE

MERRITT ISLAND FLORIDA 32952

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

PAMALA HANSON

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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FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA