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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

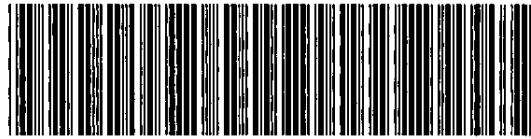
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700273047847

Effective Date May 26, 2016

05/26/15--01030--011 **160.00

W.S.
3720

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 4:58

FILED

T. Bush JUN 11 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FigLeaf Creations, 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:

Ms. Kathleen D. Ward

Name of Person

FigLeaf Creations, LLC

Firm/Company

5220 Brittany Drive South, Suite 604

Address

Saint Petersburg, FL 33715

City/State and Zip Code

kdward814@outlook.com

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

For further information concerning this matter, please call:

Kathleen D. Ward, CEO

727

498-0442

at ()

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 Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

KATHLEEN D WARD
5220 BRITTANY DRIVE SOUTH STE 604
ST PETERSBURG, FL 33715

SUBJECT: FIGLEAF CREATIONS LLC
Ref. Number: W15000037283

We have received your document for FIGLEAF CREATIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 26, 2015. Please amend your document accordingly.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00011079

RECEIVED
15 JUN 10 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FigLeaf Creations, 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:

5220 Brittany Drive South, Suite 604

Saint Petersburg, FL 33715

Mailing Address:

5220 Brittany Drive South, Suite 604

Saint Petersburg, FL 33715

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:

Effective Date May 26, 2016

Kathleen D. Ward

Name

5220 Brittany Drive South, Suite 604

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

Saint Petersburg

FL

33715

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..

Kathleen D. Ward

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 4:58

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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:

Kathleen D. Ward, President & CEO

5220 Brittany Drive South, Suite 604

Saint Petersburg, FL 33715

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 22, 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.)

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:

Kathleen D. Ward

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.)

Kathleen D. Ward

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)

FILED
15 MAY 26 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA