

415000110398

(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:

WIS-36158

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2015

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2015

MICHAEL LEAVENWORTH
610 NW 13TH ST, APT 28
BOCA RATON, FL 33486

SUBJECT: KICKS-N-GIGGLES LLC
Ref. Number: W15000036158

We have received your document for KICKS-N-GIGGLES LLC and your check(s) totaling \$125.00. 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: 215A00011761

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

MICHAEL LEAVENWORTH
610 NW 13TH ST, APT 28
BOCA RATON, FL 33486

SUBJECT: KICKS-N-GIGGLES LLC
Ref. Number: W15000036158

We have received your document for KICKS-N-GIGGLES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 615A00010782

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TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kicks-N-Giggles 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 S. Leavenworth

Name of Person

Kicks-N-Giggles LLC

Firm/Company

610 NW 13th ST Apt 28

Address

Boca Raton Florida 33486

City/State and Zip Code

kicksngiggles15@gmail.com

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

For further information concerning this matter, please call:

Michael S. Leavenworth

772

713-0935

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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kicks-N-Giggles 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:

610 NW 13th ST Apt 28
Boca Raton Florida 33486

Mailing Address:

610 NW 13th ST Apt 28
Boca Raton Florida 33486

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 S. Leavenworth

Name

610 NW 13th ST Apt 28

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

Boca Raton

Florida

33486

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.

Michael Leavenworth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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 S. Leavenworth

610 NW 13th ST Apt 28

Boca Raton Florida 33486

AMBR

Hasnain Ahmed

610 NW 13th ST Apt 28

Boca Raton Florida 33486

AMBR

Brandon Cohen

610 NW 13th ST Apt 28

Boca Raton Florida 33486

(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.)

Michael S. Leavenworth

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