

L15000118314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

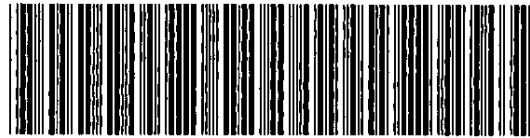
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NO A.R. filed

WIS-38953

Office Use Only



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05/19/15--01013--017 **150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 15 A 9:21

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JUL 16 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

JOSEPH A MCINERNEY JR
P.O. BOX 494053
PORT CHARLOTTE, FL 33949-4053

SUBJECT: BUBBLE GUM BOUTIQUE LLC
Ref. Number: W15000035953

We have received your document for BUBBLE GUM BOUTIQUE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00010705

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUBBLE GUM BOUTIQUE LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JOSEPH A MCINERNEY JR MBA EA ATA

(Contact Person)

KSS FINANCIAL GROUP INC

(Firm/Company)

P. O. BOX 494053

(Address)

PORT CHARLOTTE, FL 33949-4053

(City, State and Zip Code)

KSSFINANCIAL@COMCAST.NET

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

J A MCINERNEY JR

at (941) 764-0976

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUBBLE GUM BOUTIQUE 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:

151 NORMAN STREET
PORT CHARLOTTE, FL 33954

Mailing Address:

151 NORMAN STREET
PORT CHARLOTTE, FL 33954

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:

AMANDA TISEO

Name

151 NORMAN STREET

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

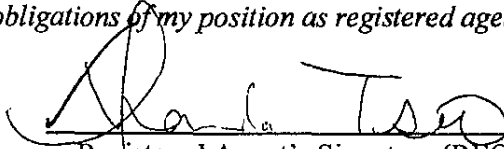
PORT CHARLOTTE

FL 33954

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

MGR

Name and Address:

AMANDA TISEO

151 NORMAN STREET

PORT CHARLOTTE, FL 33954

(Use attachment if necessary)

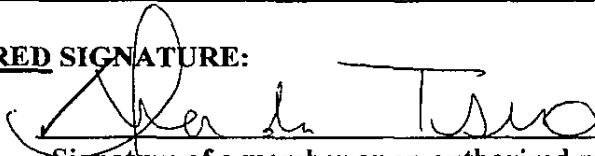
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 605.0205 (3), 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.)

AMANDA TISEO

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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2011 JUL 15 A 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Financial Services & Tax Planning
Tax Return Preparation

KSS Financial Group, Inc.

P.O. Box 494053
Port Charlotte, FL 33949-4053

Tel: (941) 764-0976
Fax: (941) 764-4038
kssfinancial@comcast.net

Joseph A. McInerney, Jr., MBA, EA, ATA

July 13, 2015

Ms. Stacey M Mason
Regulatory Specialist II
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bubble Gum Boutique, LLC

Dear Ms. Mason,

Please accept this letter as a consent to file the above mentioned organization as an LLC under the laws of the State of Florida. Enclosed please find the following:

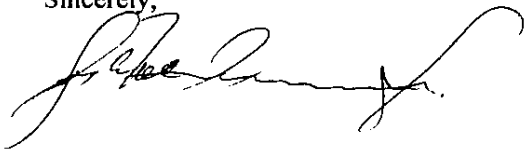
1. Your letter indicating the receipt of the \$150.00 for the original filing.
2. Articles of Organization for Limited Liability Company.

In addition, please refund the difference between the receipt of the \$150.00 and the filing fee of 125.00 in the amount of \$25.00 to:

Amanda Tiseo
151 Norman Street
Port Charlotte, FL 33954

Should you have any questions or require additional information, please feel free to contact me at the above.

Sincerely,



Cc (w/att.):
Amanda Tiseo

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15 JUL 15 PM 3:10

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Service that makes a difference

Member:

National Association of Enrolled Agents

National Society of Accountants

National Association of Tax Preparers