

L15000147521

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~L15000147521~~
9/3/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Karen Howard, 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:

Andrew S Whiting

Name of Person

Axia Law, LLC

Firm/Company

1 N LaSalle St. Ste. 1450

Address

Chicago, IL 60602

City/State and Zip Code

info@axialaw.com

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

For further information concerning this matter, please call:

Andrew S Whiting

312

546-9951

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

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

ANDREW S. WHITING
1 N LASALLE ST., STE 1450
CHICAGO, IL 60602

SUBJECT: KAREN HOWARD, LLC
Ref. Number: W15000054389

We have received your document for KAREN HOWARD, 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The name and document number of conflict is, "P14000028394 - KAREN HOWARD, INC".

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) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 015A00017073

MEMORANDUM
VIA FIRST CLASS MAIL
PAGE 1 OF 1

August 25, 2015

TO: Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Karen Howard, LLC
Reference No. W15000054389

Hello,

I hope this letter finds you well. I am writing in reference to the above-mentioned entity, Karen Howard, LLC.

Enclosed please find a copy of our Articles of Organization for the entity as well as the notice of conflict we received from your offices regarding the entity Karen Howard, Inc.- P14000028394.

This letter is to serve as our written authorization to release the name Karen Howard to be used for the Limited Liability Company as well as the corporation as its principals are the same.

Please let me know if you have any questions.

Sincerely,

Andrew S Whiting
Attorney at Law | Axia Law, LLC
Direct: (312) 906-7387 | **Office:** (312) 546-9951
Fax: (312) 546-9952 | **Email:** dwhiting@axialaw.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Karen Howard, 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:

3497 Pine Haven Circle
Boca Raton, FL 33431

3497 Pine Haven Circle
Boca Raton, FL 33431

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:

Karen E Howard

Name

3497 Pine Haven Circle

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

Boca Raton

FL

33431

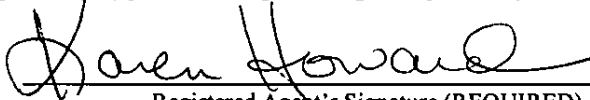
City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Karen E Howard

3497 Pine Haven Circle

Boca Raton, FL 33431

(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.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Karen Howard

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)