

L16000033659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

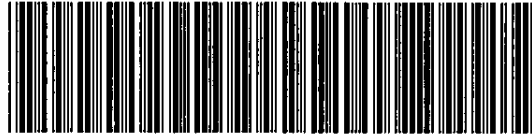
(Business Entity Name)

(Document Number)

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16 FEB 19 AM 8:46  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301

W116-672

MD 2/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2016

YOLANDA L. SEABROOK  
7749 NORMANDY BLVD., #145  
JACKSONVILLE, FL 32221

SUBJECT: KINGS SECURE SOLUTION LLC  
Ref. Number: W1600000672

We have received your document for KINGS SECURE SOLUTION 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 716A00000324

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kings Secure Solution 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:

Yolanda L. Seabrook

Name of Person

Kings Secure Solution LLC

Firm/Company

7749 Normandy Blvd #145

Address

Jacksonville FL 32221

City/State and Zip Code

kingsseuresolution@gmail.com

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

For further information concerning this matter, please call:

<u>Yolanda L. Seabrook</u>	<u>904</u>	<u>619-8180</u>
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kings Secure Solution 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:**

7749 Normandy Blvd #145  
Jacksonville FL, 32221

**Mailing Address:**

7749 Normandy Blvd #145  
Jacksonville FL, 32221

16 FEB 19 AM 8:46  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

**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:

Yolanda L. Seabrook

Name

7749 Normandy Blvd #145

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

Jacksonville                      FL                                      32221

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..*

*Yolanda L. Seabrook*

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

MGR

**Name and Address:**

Yolanda L. Seabrook  
7749 Normandy Blvd #145  
Jacksonville FL, 32221

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 16, 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:**

Yolanda L. Seabrook

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.

Yolanda L. Seabrook

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)