

L16000061786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

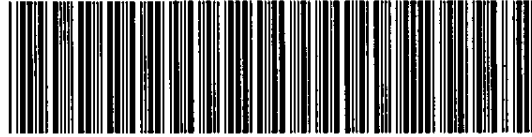
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W/16-
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FILED
16 MAR 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-30-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARLET STILETTOS L.L.C.
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:

KYLE BENNINGER
Name of Person

DNK UNLIMITED
Firm/Company

P.O. BOX 15444
Address

BROOKSVILLE FL 34604
City/State and Zip Code

DNKunlimited@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle BENNINGER at (727) 768-3271
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

RECEIVED

16 MAR 28 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2016

KYLE BENNINGER
PO BOX 15444
BROOKSVILLE, FL 34604

SUBJECT: STARLET STILETTOS L.L.C.
Ref. Number: W16000017272

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

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 716A00004757

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STARLET STILETTOS L.L.C.

(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:

~~P.O. Box 15444~~ 14423 FINSBURY DR P.O. BOX 15444
~~BROOKVILLE FL 34609~~ SPRING HILL, FL BROOKVILLE FL 34609
34609

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:

KYLE BENNINGER

Name

14423 FINSBURY DR

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

SPRING HILL FL 34609

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 28 PM 4:50

FILED

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.

Kyle Benninger

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

MGR

Name and Address:

KYLE BENNINGER

PO. Box 15444

BROOKSVILLE FL 34604

DAWN BENNINGER

PO Box 15444

BROOKSVILLE FL 34604

(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 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:

Kyle Benninger

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.

KYLE BENNINGER

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
16 MAR 28 PM 1:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA