

L16 000073223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

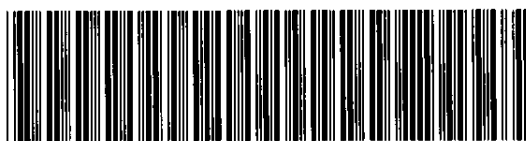
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SUFFICIENCY OF FILING

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AND  
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16 APR 15 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/15/16

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16 APR 15 PM 5:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Little Feet Big Steps  
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:

Angela Daniels  
Name of Person

Little Feet Big Steps  
Firm/Company

1244 Continental Ct  
Address

Tallahassee, FL 32304  
City/State and Zip Code

info@littlefeetbigsteps.co

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

For further information concerning this matter, please call:

Angela Daniels at ( 850 ) 322-60049  
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 APR 15 PM 5:12

ARTICLE I - Name:

The name of the Limited Liability Company is:

Little Feet Big Steps L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Angela Daniel  
1244 Continental Ct.  
Tallahassee, FL 32304

Mailing Address:

Angela Daniel  
1244 Continental Ct  
Tallahassee, FL 32304

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:

Angela Daniel  
Name  
1244 Continental Ct  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32304  
City State Zip

Having been named as registered agent and accept office 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 Florida law 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.

Angela Daniel  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 APR 15 PM 5:12

SECRETARY OF STATE  
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

Manager

AMBR

Name and Address:

Angela Daniels  
1204 Continental Ct  
Tallahassee, FL 32304

Ed Lloyd Sr  
2085 Breton Lane  
Tallahassee, FL 32303

(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:

Angela Daniels

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.

Angela Daniels

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)