

L16000104428

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(Address)

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(Business Entity Name)

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STATE ARCHIVE OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 23 AM 10:46

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

Leggo My Lula 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:

Kendra Mender

Name of Person

leggo My Lula

Firm/Company

10768 Emilia Isus Ter

Address

Boynton Beach FL 33473

City/State and Zip Code

leggomylula@gmail.com

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

For further information concerning this matter, please call:

Kendra Mender at 561 542-5158

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:

Leggo My Lula, 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:

10768 Emilia Isles Ter  
Boynton Bch FL  
33473

Mailing Address:

10768 Emilia Isles Ter  
Boynton Bch FL 33473

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:

Kendra Mendez

Name

10768 Emilia Isles Ter

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

Boynton Beach FL 33473

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..

K Mendez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY 23 AM 10:46

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

AMBR

Kendra Mendez

10768 Emilia Isles Tr  
Boynton FL 33473

Stacy O'Connor

10728 Emilia Isles Tr  
Boynton Bch FL 33473

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing 5/20/16 (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:**

Kendra Mendez

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.

Kendra Mendez

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)