

216 000 191428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

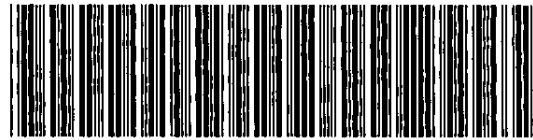
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 14 PM 2:17

STATE OF TEXAS
CLERK OF THE COURT
COUNTY CLERK

M. MOON

OCT 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2016

KIM COUSE
1165 MISSION CIRCLE
CLEARWATER, FL 33759

SUBJECT: CASEY WRITES LLC
Ref. Number: W16000067140

RECEIVED
16 OCT 14 AM 10:14
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

We have received your document for CASEY WRITES 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document. *IT IS!*

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 516A00021001

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

*POSSIBLY THIS (MY FORM) WAS MISREAD.
MAYBE THE LIGHT INK WAS TO BLAME, SO
I'VE GONE OVER IT WITH A PEN TO MAKE IT
MORE LEGIBLE.*

THANKS,

Kim

*I HAVE CLIENTS EAGERLY WAITING
MY LLC STATUS. THANKS AGAIN.*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casey Writes 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:

Kim "Casey" Couse

Name of Person

Casey Writes LLC

Firm/Company

1165 Mission Circle

Address

Clearwater, FL 33759

City/State and Zip Code

icanrite4u@gmail.com

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

For further information concerning this matter, please call:

Kim Couse

414 617-3555
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

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Casey Writes 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:

Casey Writes
1165 Mission Circle
Clearwater, FL 33759

Mailing Address:

Casey Writes
1165 Mission Circle
Clearwater, FL 33759

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.)

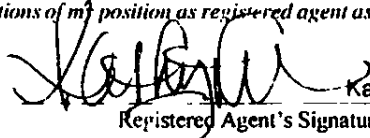
The name and the Florida street address of the registered agent are:

InCorp Services, Inc
Name

17888 67th Court North
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee	FL	33470
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.



Kathy Shin on behalf of InCorp Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Kim Couse (owner)
1165 Mission Circle
Clearwater, FL 33759

AMBR

Pamela Couse
1165 Mission Circle
Clearwater, FL 33759

(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.

Kim Couse

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)

16 OCT 14 PM 2:17
SECRETARY OF STATE
JANET M. WELLS
TALLAHASSEE, FLORIDA