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M. MOON  
OCT 20 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2016

KIM A. SACHSE  
208 WHITTIER CIRCLE  
ORLANDO, FL 32806

SUBJECT: SAXY DESIGN, LLC.  
Ref. Number: W16000068069

16 OCT 20 AM 10:58  
RECEIVED  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICE

We have received your document for SAXY DESIGN, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the document you sent in is incomplete. Only page two of two is filled out. Please make sure to fill out the first page of the form and send it back in to us for processing.

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: 716A00021303

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAXY DESIGN, 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 A. SACHSE  
Name of Person

\_\_\_\_\_  
Firm/Company

208 WHITTIER CIRCLE  
Address

ORLANDO, FLORIDA 32806  
City/State and Zip Code

Kim.sachse14@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM SACHSE at ( 407 ) 760-8914  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saxy Design, 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:

|   |                         |
|---|-------------------------|
| <u>Principal Office Address:</u>                          | <u>Mailing Address:</u> |
| <u>208 Whither Circle</u><br><u>Orlando Florida 32806</u> | <u>same</u>             |

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:

Kim A. Sachse  
Name  
208 Whither Circle  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando FL 32806  
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..

Kim A. Sachse  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~ AMBR

**Name and Address:**

KIM A. SACHSE  
208 Whittier Cir.  
Orlando FL 32806

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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(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:**

*Kim A. Sachse*

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 A. SACHSE

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)

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