

L170000061884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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03/06/17--01040--026 \*\*160.00

FILED  
17 MAR 20 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX**

Brittany Crockett  
128 Quail Wood Dr  
Winter Haven, FL  
33880  
Phone:

863-280-6760

To: Jessica Fason From: Brittany Crockett, LLC applicant

Fax: 850-245-6804 Pages: 4

Phone: Date: 03/21/2017

Re: LLC Filing Rejected cc:

☐ Urgent ☒ For Review ☒ Please Comment ☒ Please Reply ☐ Please Recycle

• Comments:

Please See attached forms, revised to include the address required.

per our conversation, please fix rejected filing for "All Blessed Children's Daycare"

Thank you,  
Brittany Crockett

REC-111

17 MAR 21 AM 10:39

STATE OF FLORIDA  
DEPARTMENT OF  
HUMAN SERVICES

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** All Blessed Children's Daycare, 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:

Brittany Crockett  
Name of Person  
All Blessed Children's Daycare, LLC  
Firm/Company  
128 Quailwood Dr  
Address  
Winter Haven, FL, 33880  
City/State and Zip Code  
allblessedchildrens@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Crockett at 863, 280-6760  
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)

PAID by check already

**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:

All Blessed Children's Daycare, LLC

(Must contain 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:128 Quailwood Dr  
Winter Haven, FL 33880Mailing Address:128 Quailwood Dr  
Winter Haven, FL 33880

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Brittany Crockett

Name

128 Quailwood DrFlorida street address (P.O. Box **NOT** acceptable)Winter Haven FL 33880

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.

Brittany Crockett

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 20 AM 9:19

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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

MGR

AMBR

**Name and Address:**

Brittany Crockett  
128 Quailwood Dr  
Winter Haven, FL 33880

Alexus Crockett  
128 Quailwood Dr  
Winter Haven, FL 33880

(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:**

Brittany Crockett

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.

Brittany Crockett

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)

Paid by  
check