

L17000252256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

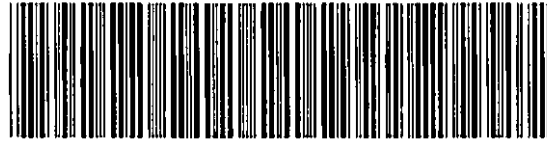
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/17--01006--001 **160.00

17 DEC -8 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

DEC 11 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Keys Smartphone Repair, 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:

Victor Figueroa
Name of Person
Keys Smartphone Repair, LLC.
Firm/Company
143 Indian Ave
Address
Tavernier, FL 33070
City/State and Zip Code
keysphonerrepair@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Anderson
Name of Person
305
Area Code
509-2292
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

Keys Smartphone Repair, Inc.

143 Indian Ave Tavernier, Fl. 33070 (305) 896-1675 Keysphonerepair@gmail.com

12/04/2017

To Whom this Concerns:

Dear SunBiz & State of Florida Corporation & LLC:

Keys Smartphone Repair, Inc. has dissolved as of 12-04-2017.

Keys Smartphone Repair, Inc. Releases Business to Keys Smartphone, LLC.

Sole Proprietor Victor Figueroa will remain the same. Please release the Business Name:

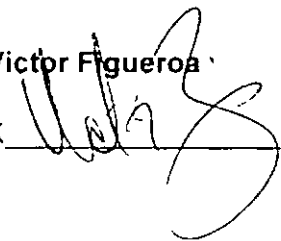
Keys Smartphone Repair, Inc. over to

Keys Smartphone Repair, LLC

Sincerely,

Victor Figueroa

x



Date

12, 4, 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Keys Smartphone Repair, 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:

143 Indian Ave
Tavernier, FL 33070

Mailing Address:

143 Indian Ave
Tavernier, FL 33070

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:

Lisa Anderson
Name
143 Indian Ave
Florida street address (P.O. Box **NOT** acceptable)
Tavernier, FL 33070
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC - 8 AM 10:29

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..

Lisa Anderson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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
[scribble]

Name and Address:

Victor Figueroa
143 Indian Ave
Tavernier, FL 33070
Lisa Anderson
143 Indian Ave
Tavernier, FL 33070

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/5/2017 (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]

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.

Victor Figueroa
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA