

L180000009711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

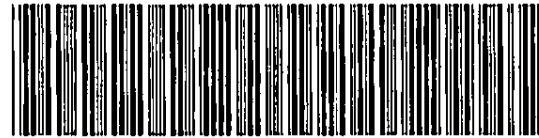
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 JAN -8 PM 2:41

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FALLS CHURCH, VA

N CULLIGAN

JAN 12 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

KORI DIANE BILLINGS
9901 CYPRESS SHADOW AVENUE
TAMPA, FL 33467

SUBJECT: KORI DIANE BILLINGS, P.A.
Ref. Number: W18000001929

We have received your document for KORI DIANE BILLINGS, P.A. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "P.A.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 118A00000471

COVER LETTER

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

SUBJECT: KORI DIANE BILLINGS, 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:

KORI D. BILLINGS

Name of Person

KORI DIANE BILLINGS, LLC.

Firm/Company

9901 CYPRESS SHADOW AVENUE

Address

TAMPA FL 33647

City/State and Zip Code

BILLINGS.KORI@YAHOO.COM

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

For further information concerning this matter, please call:

Kori Diane Billings

813

997-3341

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)

**You already have
the check - see
W18000001929
Screen Shot
Attached**

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:

KORI DIANE BILLINGS, 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:

9901 CYPRESS SHADOW AVENUE
TAMPA FL 33647

Mailing Address:

9901 CYPRESS SHADOW AVENUE
TAMPA FL 33647

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:

KORI D. BILLINGS

Name

9901 CYPRESS SHADOW AVENUE

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

TAMPA

FL

33647

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMPA, 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

AMBR

Name and Address:

KORI DIANE BILLINGS

9901 CYPRESS SHADOW AVENUE

TAMPA FL 33647

(Use attachment if necessary)

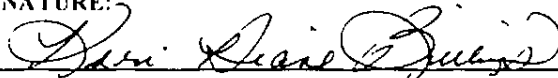
ARTICLE V: Effective date, if other than the date of filing: Please use original date of filing (OPTIONAL)

(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.

KORI DIANE BILLINGS

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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18 JAN 2018
PH 2:41