

L18000076033

(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



800309980278

03/06/18--01024--024 \*\*160.00

FILED  
18 MAR 27 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 28 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Jacqueline Kay Weddings 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:

Jacqueline Kay Goldsmith  
Name of Person

Jacqueline Kay Weddings LLC  
Firm/Company

12456 Emerald Creek Court  
Address

Davie, FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacqueline Goldsmith 502 681-2497  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAR 27 PM 2:23

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

March 13, 2018

JACQUELINE KAY GOLDSMITH  
12456 EMERALD CREEK COURT  
DAVIE, FL 33325

SUBJECT: JACQUELINE KAY WEDDINGS LLC  
Ref. Number: W18000024056

We have received your document for JACQUELINE KAY WEDDINGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 818A00005027

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacqueline Kay Weddings 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:

Mailing Address:

12456 Emerald Creek Ct.  
Davie, FL 33325

12456 Emerald Creek Ct.  
Davie, FL 33325

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:

Jacqueline Goldsmith  
Name

12456 Emerald Creek Court  
Florida street address (P.O. Box **NOT** acceptable)

Davie FL 33325  
City State Zip

FILED  
18 MAR 27 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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..

Jacqueline Goldsmith  
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

MGR

**Name and Address:**

Jacqueline Kay Goldsmith  
12456 Emerald Creek Ct  
Davie FL 33325

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/1/2018 (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:**

Jacqueline Kay Goldsmith

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.

Jacqueline Kay Goldsmith

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)

18 MAR 27 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED