

L18000096011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

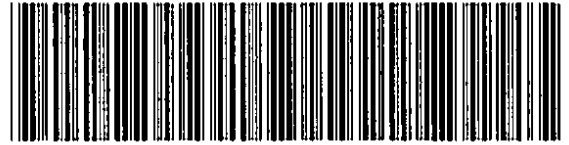
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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18 APR 16 AM 9:59  
TOLSON

T COLLINS

APR 19 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CrownLife by Kei 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:

Keiondra Snead  
Name of Person

CrownLife by Kei LLC  
Firm/Company

2130 62nd Ave South Apt 2  
Address

St. Petersburg, FL 33712  
City/State and Zip Code

kingliz93@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keiondra Snead 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL

**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:**

Keiondra Snead

2130 62nd Ave South Apt 2

St. Petersburg, FL 33712

\_\_\_\_\_

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(Use attachment if necessary)

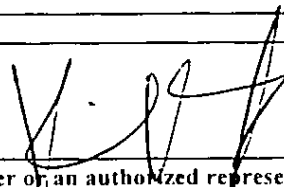
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Keiondra Snead

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)

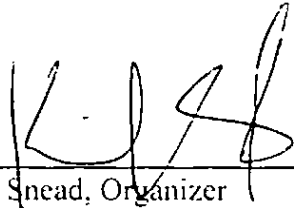
CrownLife by Kei LLC  
2130 62nd Ave South Apt 2  
St. Petersburg, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of CrownLife by Kei LLC:

Keiondra Snead  
2130 62nd Ave South Apt 2  
St. Petersburg, FL 33712

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18 APR 16 AM 9:59  
CLERK OF DISTRICT COURT  
ST. PETERSBURG, FL

  
\_\_\_\_\_  
Keiondra Snead, Organizer

\_\_\_\_\_  
Date