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# Omali Yeshitela African National Independent Business Association, LLC 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

October 1, 2018

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: African National Independent Business Association, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours

Omali Yeshitela

African National Independent Business Association, L.L.C.

Enclosures

check stapled here

### ARTICLES OF ORGANIZATION

of

## AFRICAN NATIONAL INDEPENDENT BUSINESS ASSOCIATION, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is African National Independent Business Association, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

The organization's mailing address shall be as follows:

1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Ona Zene Yeshitela 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

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 608, F.S.

Ona Zené Yeshitola Ona Zené Yeshitela, Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have four (4) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Omali Yeshitela President/ Managing Member 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

Ona Zene Yeshitela Vice President/Managing Member 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

Tammy Harris Secretary/Manager 1234 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

Eritha Cainion Manager 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Omali Yeshitela 1245 18<sup>th</sup> Av. S. St. Petersburg, FL 33705

#### **ARTICLE VIII - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 315 day of October, 2018.

Omali Yeshitela

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Omali Yeshitela, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 315th day of October, 2018

Notary Public, State of Florida at Large

My Commission Expires:

GERALD OWIGHT WALLER Notary Public - State of Florida Commission & FF 184241 My Comm. Expires Dec 17, 2018 Bonded through National Notary Asen. 10/31/2018