

L19000037681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

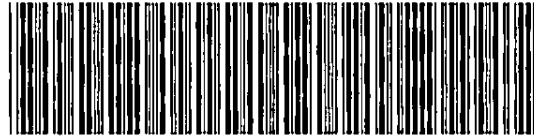
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 15 2019

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COVER LETTER

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

SUBJECT: KEEZ BEEZ FARM 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:

ISABEL BALLESTAS
Name of Person

KEEZ BEEZ LLC
Firm/Company

5065 NW 74TH AVE. UNIT 6
Address

MIAMI, FL 33166
City/State and Zip Code

SANEMM@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL BALLESTAS 305 7987633
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEEZ BEEZ FARM 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:

KEEZ BEEZ FARM LLC

5065 NW 74TH AVE, UNIT 6

MIAMI, FL 33166

Mailing Address:

KEEZ BEEZ FARM LLC

5065 NW 74TH AVE, UNIT 6

MIAMI, FL 33166

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:

ISABEL BALLESTAS

Name

5065 NW 74TH AVE, UNIT 6

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

MIAMI

FLORIDA

33166

City

State

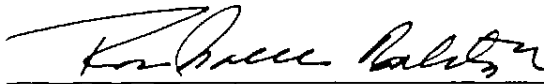
Zip

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TALLAHASSEE, FLORIDA

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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)

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:

JOHN ALAN DAVID

500 MENDOZA AVE

CORAL GABLES, FL 33134

CEO

ISABEL BALLESTAS

5065 NW 74TH AVE, UNIT 6

MIAMI, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 5/2019. (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.

THE OWNERSHIP OF THE COMPANY IS CONSTITUTED AS FOLLOWS:

60 % ISABEL BALLESTAS

40 % JOHN ALAN DAVID

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.

ISABEL BALLESTAS

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)