

L19000067954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

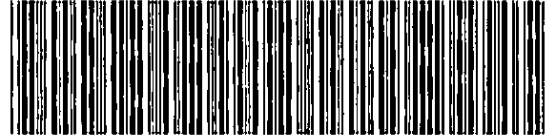
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W1900012366
B 3/19/19



400323893444

01/31/19--01005--005 **87.50

03/14/19--01024--003 **42.50

FILED/SEP 11 11:00 AM '19

2019 MAR 14 AM 11:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2019

KATHY BEVER LEE HALL
3857 PRITMORE RD. UNIT #135
JACKSONVILLE, FL 32257

SUBJECT: CHI ORI PUBLISHING COMPANY, LLC
Ref. Number: W19000012366

We have received your document for CHI ORI PUBLISHING COMPANY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 819A00002674

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHI ORI PUBLISHING COMPANY, 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:

LADY KATHY BEVERLEE HALL
Name of Person

CHI ORI PUBLISHING COMPANY, LLC.
Firm/Company

3857 PRITMORE ROAD, UNIT #135
Address

JACKSONVILLE, FLORIDA 32257
City/State and Zip Code

CHIEF OLORI KATHY @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LADY KATHY at 904 534. 9109
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ✓ ☒ \$125.00 Filing Fee ☒ ~~\$140.00 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
Chifon 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:

CHI ORT PUBLISHING COMPANY, LLC
(Must contain the words "Limited Liability Company," "LLC," 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:

3857 PRITMORE ROAD, UNIT #135
JACKSONVILLE, FLORIDA
32257

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:

FAYOLA ARMSTEAD
Name

3857 PRITMORE ROAD, UNIT #141

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

JACKSONVILLE, FL. 32257
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.

X Fayola Armstead
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 MAR 14 AM 11:09
RECORDED & INDEXED

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

AmBR

MGR

MGR

Name and Address:

LADY KATHY BEVELLEE HALL
3857 PRITMORE RD, UNIT # 135
JACKSONVILLE, FL 32257

FAYOLA ARMSTEAD
3857 PRITMORE RD, UNIT # 141
JACKSONVILLE, FL 32257

DAVID MORGAN
TBA ONCE MOVED BACK
Same as principal

AZORIA WRIGHT
5412 LIMELIGHT CIRCLE, APT. 4
ORLANDO, FL 32834

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.

N/A

REQUIRED SIGNATURE:

X 

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.

X KATHY BEVELLEE HALL

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)

February 28, 2019

Department of State Division of Corporation

20190228-4 AM 11:17

Post Office Box 6327

Tallahassee, Florida 32314

Re: Chi Ori Publishing Company

Attn: Mr. Tyrone Scott or Concern

To Whom It May Concern:

I used the wrong filing forms in error to establish my limit liability company with your division of corporation.

Please, apply the amount sent in postal money order on Jan. 29, 2019, serial number:# 24806691167 to open the new LLC, new form attached for proper filing. I have enclosed the additional filing fees of \$37.50 m/o, plus \$5.00 for certificate:

- Total amount sent \$37.50 + \$5.00 Certificate
- Grand Total \$87.50 + \$37.50 = \$125.00 ~~\$15.00 Certificate~~

We trust after speaking with your representative Mr. Tyrone Scott this is now acceptable and things can be approved successfully. If, there is anything else required, please do not hesitate to call us at below number.

Thank you for your call back and guidance, to all a good day.

Truly yours,

Lady Kathy B. Hall



Chi Ori Publishing Company

(904) 534.9109

/kbh