

Division of Corporations

Page 1 of 2



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000121239 3)))



H190001212393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6361

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

*UPPER FAX
PLEASE FIRM OF
APRIL 12, 2019
Thank you*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AGENT SALES CONNECT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR 15 PM 2:50

FILED

J. FASON

APR 16 2019

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

4/15/2019 9:34:54 AM PAGE 1/001 Fax Server



April 15, 2019

FLORIDA DEPARTMENT OF STATE

AGENTS AND CORPORATIONS, INC

Division of Corporations

SUBJECT: AGENT SALES CONNECT LLC
REF: W19000037038

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The persons authorized to manage LLC address is illegible for processing, The second manager address.

If you have any further questions concerning your document, please call (850) 245-6052.

Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000121239
Letter Number: 819A00007524

H19000121239 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGENT SALES CONNECT LLC

(Must end with 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:

6129 5th Ave N
St. Petersburg, FL 33710

Mailing Address:

6129 5th Ave N
St. Petersburg, FL 33710

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:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

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

NAPLES

City

FL

Zip

34012

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 603, F.S.

Agents and Corporations, Inc.

By: 

Registered Agent's Signature (Required)

Brian C. Crawford, Asst. Secretary

FILED
2019 MAR 15 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FL

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

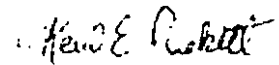
"AMBK" = Authorized Member

"MGR" = Manager

MGR

KERRI PUCKETT - 6129 5th Ave N
St Petersburg, FL
33710

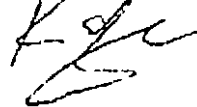
KERRI PUCKETT



MGR

KAYLA STEPHENS - 105 Woodlawn Dr
Chattanooga, TN
37411

KAYLA STEPHENS



(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.)

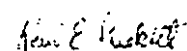
ARTICLE VI: Other provisions, if any.

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.)

KERRI PUCKETT

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)