

L19000125809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

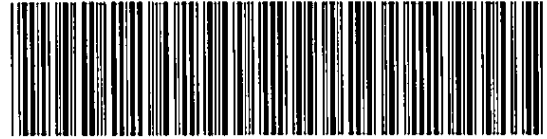
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 MAY -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAY 16 2013

April 24, 2019

State of Florida
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Articles of Organization
THE LILLIE MAE FOUNDATION, LLC

Dear Sirs:

Enclosed please find check numbered 59401938717, in the amount of \$125.00 to cover costs of Filing Fee and Certificate of Status.

Also enclosed please find the original Articles of Organization along with one copy of same.

Please file the enclosed Articles of Organization and return correspondence to:

Jason Ray Kiker
190 East Olmstead Drive
Unit F-28
Titusville, FL 32780
Tele: 321-446-7076

Your immediate attention to this matter is appreciated.

Very truly yours,



JASON RAY KIKER

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

THE LILLIE MAE FOUNDATION, LLC

ARTICLE II.

The Street address of the principal office is:

190 East Olmstead Drive

Unit F-28

Titusville, FL 32780

The mailing address of the Limited Liability Company is:

190 East Olmstead Drive

Unit F-28

Titusville, FL 32780

ARTICLE III.

The purpose for which this Limited Liability Company is organized is: Private Aide - assisting with the perservation of dignity and quality of life for those who are unable to care for themselves.

ARTICLE IV.

The name and Florida street address of the Registered Agent is:

JASON RAY KIKER

190 East Olmstead Drive

Unit F-28

Titusville, FL 32780

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.



Registered Agent Signature
JASON RAY KIKER

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19 MAY -7 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V.

The name and address of Managing Member/Manager:

Title: Manager

JASON RAY KIKER

190 East Olmstead Drive


Unit F-28

Titusville, FL 32780

ARTICLE VI.

The effective date for this Limited Liability Company shall be:

April 30, 2019



Signature of Member

JASON RAY KIKER

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TALLAHASSEE, FLORIDA