

L19000150194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

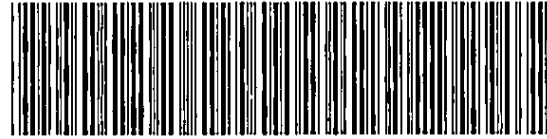
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100330842101

06/14/19--01006--014 **125.00

19 JUN 14 PM 12:18

RECEIVED STATE

FILED

2019 JUN 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2019

K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KITY LLC

Signature _____

Requested by: SETH

06/13/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KITY 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:

Sierra Warner
Name of Person

Firm/Company

4 Ironwood Way N
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

stuesdayw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sierra Warner at (207) 319 6693
Name of Person 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 KITY LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **KITY LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **4 Ironwood Way N, Palm beach Gardens, FL 33418**

FILED
2019 JUN 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Your Capital Connection, Inc. 417 E. Virginia St. Ste 1., Tallahassee FL 32301**

ARTICLE IV: MANAGERS

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

Sierra Warner, Manager, 4 Ironwood Way N, Palm beach Gardens, FL 33418

The undersigned has executed these Articles of Organization for filing purposes this 13th day of June 2019.

/S/ Sierra Warner

Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **KITY LLC**
2. The name and street address of the registered agent and office is:

**Your Capital Connection, Inc.
417 E. Virginia St. Ste 1.
Tallahassee FL 32301**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Seth Neeley for Your Capital Connection, Inc.

**_____
Your Capital Connection, Inc.**