

L19000201099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

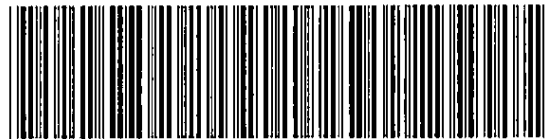
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OF FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IT'S OUR BUSINESS
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:

Jackie Bennett
Name of Person

P.O. Box 12596
Address

Tallahassee, Fla 32317
City, State and Zip Code

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

For further information concerning this matter, please call:

Jackie L. Bennett 850 212-3233
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

It's Our Business NOW, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>749 Silver Maple Dr</u>	<u>P.O. Box 12596</u>
<u>Tallahassee, FL 32308</u>	<u>Tallahassee, FL 32317</u>

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:

Jackie L. Bennett
Name
3672 N. Fulmer Circle
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32303
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.

Jackie L. Bennett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

manager

Name and Address:

Carmen Coleman
1693 Rodco DR
Tallahassee FL 32311

AMBR

Desirce Hills
3203 Notre Dame
Tallahassee Fla. 32305

AMBR

Kelley Bolden Bailey
7491 Silver Maple Dr
Tallahassee FL 32308

Ambr

Pam Lightbourne
3810 Buck Lake Rd Apt 908
Tallahassee Fla 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/13/2019 (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.

REQUIRED SIGNATURE

Kelley Bolden Bailey

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.

KELLEY BOLDEN BAILEY

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)

see attached

Attachment It's Our Business

Article IV—

Title
AMBR

Name and Address
Jackie L. Bennett
3072 N. Fulmer Cir
Tallahassee FL
32303