

L19000220484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

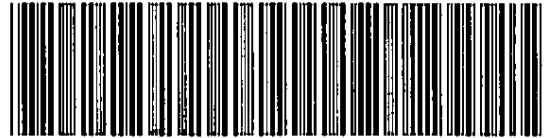
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300333645523

FILING CANCELLED
DUE TO RETURNED CHECK

06/30/19 14:00:00 -0.00 *410.00

FILED
19 AUG 30 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
DUE TO RETURNED CHECK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Voluptas Shops 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:

Theo Roosevelt
Name of Person

Voluptas
Firm/Company

16350 Bruce B Downs Blvd Unit 47825
Address

Tampa, FL 33646
City/State and Zip Code

Voluptas.shop@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theo Roosevelt at (813) 591 3550
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:

FILING CANCELLED
DUE TO RETURNED CHECK

Voluptas Shops 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:

Principal Office Address:

10533 M. St Flower Ln
Tampa FL 33647

Mailing Address:

16350 Bruce B Downs Blvd
Unit 47825
Tampa, FL 33646

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:

Theo Roosevelt
Name

16350 Bruce B Downs Blvd Unit 47825
Florida street address (P.O. Box **NOT** acceptable)
Tampa FL 33646
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 AUG 30 PM 5:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
DUE TO RETURNED CHECK**

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

Name and Address:

Theo Roosevelt
16350 Bruce B. Downs Unit 47425
Tampa FL 33646

(Use attachment if necessary)

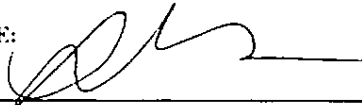
ARTICLE V: Effective date, if other than the date of filing: 11/18, (OPTIONAL)

(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:



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.

Theo Roosevelt

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)

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Division of Corporations
P.O. Box 6327

Street Address
New Filing Section
Division of Corporations
Clifton Building

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

Tampa FL 33646

City

State

Zip

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Ambr

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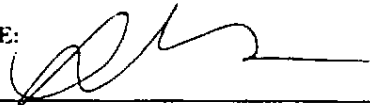
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