

L19000302569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

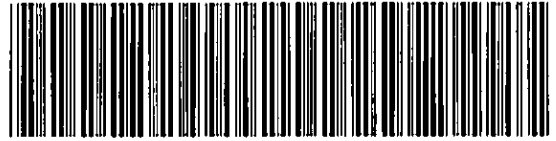
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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FILED  
19 DEC 19 PM 1:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2019 DEC 18 PM 4:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Aloha Borah Media 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:

Deborah S. Smoots

Name of Person

Aloha Borah Media LLC

Firm/Company

78 E Pine Lands Loop Unit #B

Address

Inlet Beach, FL 32461

City/State and Zip Code

alohaborah.media@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah S. Smoots at ( 808 ) 589-6943

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aloha Borah Media 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:

78 E Pine Lands Loop Unit #B  
Inlet Beach, FL 32461

Mailing Address:

174 Watercolor Way, STE. 103  
#278  
Santa Rosa Beach, FL 32459

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:

Deborah S Smoots

Name

78 E Pine Lands Loop Unit #B

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

Inlet Beach Florida 32461

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.

Deborah S Smoots

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 DEC 18 PM 1:30  
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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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Deborah S Smoots  
78 E Pine Lands Loop Unit #8  
Inlet Beach, FL 32461

MGR

Michaiah Smoots  
78 E Pine Lands Loop Unit #8  
Inlet Beach, FL 32461

AMBR

Anthony Smoots  
78 E Pine Lands Loop Unit #8  
Inlet Beach, FL 32461

AMBR

Regenna Smoots  
78 E Pine Lands Loop Unit #8  
Inlet Beach, FL 32461

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec. 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:**

Deborah S Smoots

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.

Deborah S Smoots

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)