## L20000046677

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City.	/State/Zip/Phone #	<del>(</del> )
PICK-UP	MAIT	MAIL
(Bus	iness Entity Name	)
(Doc	ument Number)	<del></del>
Certified Copies		f Status
Special Instructions to F	iling Officer:	

Office Use Only



500339548975

81/37/20--01096--012 \*\*160.00

C RICO JAN 2 7 2020 SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Ken Boyd Consulting, 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:
Ken Boyd Name of Person
Name of Person
Firm/Company
1317 Edgewater Dr. #1234
Address
Orlando, FL 32804
Ken Boyd. BIZ @ Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ken Boyd at (813) 391-5616  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 (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Ken Boyd Con (Must contain the words "Limited Liabil	sulting LLC
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1317 Edge water Dr.	1317 Edge water Dr.

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.)

<u> 32804</u>

The name and the Florida street address of the registered agent are:

Kelly Miller		
	Name	
1017 Edgewater J	Or	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Orlando	FL	32804
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..

ent's Signature (REQUIRED)

(CONTINUED)

Wen Boyd  1317 Edgewater Dr. #1234  Orlando, EL 32804  Frances Boyd  1317 Edgewater Or. #1234  Orlando, FL 32804  V: Effective date, if other than the date of filing:  1 / 23 / 2020 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 9  filing.)  ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.	Title: "AMBR" = Authorized Member	Name and Address:
Jes attachment if necessary)  V: Effective date, if other than the date of filing: 1/23/2020 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED 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.  Xev Boyd  Typed or printed name of signee  Filing Fees:	'MGR" = Manager	1317 Edgewater Dr. #1234
Use attachment if necessary)  V: Effective date, if other than the date of filing: 1/23/2020 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  Be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED 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.  Yew Boyd  Typed or printed name of signee	4 M B R	Frances Boyd 1317 Edgewater Dr. # 1234
V: Effective date, if other than the date of filing: 1/23/2020 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records.  VI: Other provisions, if any.  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.  Yen Boyd  Typed or printed name of signee  Filing Fees:	<del>-</del>	
V: Effective date, if other than the date of filing: 1/23/2020 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  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.  Yen Boyd  Typed or printed name of signee  Filing Fees:		
V: Effective date, if other than the date of filing:    1	Use attachment if necessary)	
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.    Ver Boyd   Typed or printed name of signee	tive date is listed, the date must be spe filing.)	ecific and cannot be more than five business days prior to or 9
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.    Rev Boyd   Typed or printed name of signee   Filing Fees:	tive date is listed, the date must be spe filing.) he date inserted in this block does not n ent's effective date on the Department	ecific and cannot be more than five business days prior to or 9 neet the applicable statutory fiting requirements, this date will no
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.    Rev Boyd   Typed or printed name of signee	tive date is listed, the date must be spefiling.) the date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9 neet the applicable statutory fiting requirements, this date will no
Filing Fees:	tive date is listed, the date must be spefiling.)  the date inserted in this block does not not ent's effective date on the Department of the Other provisions, if any.  EOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not of State's records.
Filing Fees:	Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  Ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in \$ 817.155. F.S.
Filing Fees; 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	retive date is listed, the date must be specifiling.) the date inserted in this block does not not entry effective date on the Department of the CVI: Other provisions, if any.  Signature of a me This document is executed am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  Ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in \$ 817.155. F.S.
\$ 30.00 Certified Copy (Optional)	Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.

ARTICLE IV-