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(Re	equestor's Name)	
	idress)	
(///	.d. C33)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Dx	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corp.					
orin ii	Kelly Jane L					
SUBJE	ECT:	Name of	Limited Lia	bility Con	npany	
The en	closed Articles of C	organization and fee(s) are submit	ed for fili	ng.	
Please	return all correspon	dence concerning th	is matter to th	ne followi	ng:	
	Andrew Lang	e				
			Name	of Person	1	
			<u> </u>			
			Firm	/Company	,	
	402 F St					
			А	ddress		
	St Augustine	, FL 32080				
	14 - the item and la	@amail.com	City/Stat	e and Zip	Code	
	Kellyjlangello	:-mail address: (to be	used for futi	ıre annua	report notification	on)
For fur		ncerning this matter,				
	Andrew Lang		904	83	4-4517	
	Nam	e of Person	at (Area Co	de D	aytime Telephone	e Number
Encl	osed is a check for t	he following amount	:			
	125.00 Filing Fee	□\$130.00 Filing Certificate of State	Fee & C	ertified C	Filing Fee & opy you is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divis P.O. I	ng Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Nev The 241	et Address Filing Section D Centre of Tallah 5 N. Monroe Stre ahassee, FL 3230	assec et, Suite 810

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	er
"MGR" = Manager	
AMBR	Kelly Jane Lange
	St Augustine, FL 32080
	St Augustine, FL 32080
	1 1 1
MGR	Andrew Lange
	St Augustine, FL 32080
(Use attachment if necessary)	
	han the date of filing: June 1, 2020 (OPTIONAL)
TICLE V: Effective date, if other th	must be specific and cannot be more than five business days prior to or 90 days after
date of filing.) ote: If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the D	Department of State's records.
RTICLE VI: Other provisions, if any	<u></u>
REQUIRED SIGNATURE	·.
Vall	1. May 21/2 1/2 P
K(X)	MANUALLE TO A MEMBER.
Signat	
This docume	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware t	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
constitutes a	United degree reionly as provided for in story 1135, 1135
Kelly	y Jane Lange
<u>Kyn</u>	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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kelly Jane Lange	, LLC		
(Must c	ontain the words "Limited L	Liability Company,	'L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal of	fice of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
402 F St		138 \$	Sea Grove Main St
St Augustine, FL	32080	<u>#840</u>	313
ARTICLE III - Registered . (The Limited Liability Comp	Agent, Registered Office, &	St An St An St Agen Registered Agent. Y	ugustine, FL 32080 t's Signature:
ARTICLE III - Registered	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	St An	ugustine, FL 32080 t's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration	St An	igustine, FL 32080
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	St An	ugustine, FL 32080
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	St An	ugustine, FL 32080 t's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered Wendy J Lange	St And St	ugustine, FL 32080 t's Signature: You must designate an individua
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered Wendy J Lange 9 Flamingo Dr	St And St	ugustine, FL 32080 t's Signature: You must designate an individua

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..

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(CONTINUED)

COVER LETTER

TO:

New Filing Section

Div	ision of Co	rporations			
SUBJECT:	Kelly Jane	Lange, LLC			
SUBJECT.		Name	e of Limited Lia	bility Company	
The enclosed	d Articles of	Organization and fe	ee(s) are submitt	ed for filing.	
Please return	all corresp	ondence concerning	this matter to th	e following:	
	Andrew Lar	ige			
-			Name	of Person	
-			Firm/	Company	
	402 F St				
_			Ac	Idress	
:	St Augustin	e, FL 32080			
K	ellyjlangell	c@gmail.com	City/State	and Zip Code	
<u>-</u>		E-mail address: (to l	be used for futur	e annual report notificat	ion)
For further inf	formation co	oncerning this matter	r, please call:		
i i	Andrew Lan	ge	904 at (834-4517	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for t	he following amoun	t:		
□\$125.00 F	Filing Fee	□\$130.00 Filing Certificate of Sta	itus Ceri	155.00 Filing Fee & tified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Majlir</u>	ng Address		Street Address	
		iling Section		New Filing Section D	
		on of Corporations Box 6327		The Centre of Tallah 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kelly Jane Lange
	402 F St
	St Augustine, FL 32080
MGR	Andrew Lange
	402 F St
	St Augustine, FL 32080
	
	
(If an effective date is listed, the date must the date of filing.)	e date of filing: JVNE 1, ZOZO. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after anot meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE;	+1401210P
This document is I am aware that an	ra member or an authorized representative of a member. executed in accordance with section-605.0203 (1) (b). Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ange, LLC ust contain the words "Limited Lia	ability Compone	W. I. C. " a= "I. I. C. ")	
(141	ust contain the words. Limited Lia	аршцу Сотрапу,	L.L.C., or LLC.	
RTICLE II - Address				
he mailing address and	street address of the principal office	ce of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Add	ress:
402 F St		138	Sea Grove Main St	
St Augustine	, FL 32080	#840	313	
RTICLE III - Registe The Limited Liability Conother business entity	ered Agent, Registered Office. & company cannot serve as its own Rewith an active Florida registration.)	Registered Agent. S		idividual or
RTICLE III - Registe The Limited Liability Conother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered ag	Registered Agent. S	it's Signature:	idividual or
RTICLE III - Registe The Limited Liability C nother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered ag Wendy J Lange	Registered Agent Segistered Segistered Agent Segistered Segistere	it's Signature:	idividual or
RTICLE III - Registe The Limited Liability Conother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered ag Wendy J Lange	Registered Agent. S	it's Signature:	idividual or
RTICLE III - Registe The Limited Liability C nother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered as Wendy J Lange 9 Flamingo Dr	Registered Agent. September 1997 gent are:	nt's Signature: You must designate an in	idividual or
RTICLE III - Registe The Limited Liability C nother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered ag Wendy J Lange	Registered Agent. September 1997 gent are:	nt's Signature: You must designate an in	dividual or
RTICLE III - Registe The Limited Liability Conother business entity	ompany cannot serve as its own Rewith an active Florida registration.) a street address of the registered as Wendy J Lange 9 Flamingo Dr	Registered Agent. September 1997 gent are:	nt's Signature: You must designate an in	dividual or

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