

L20000179113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

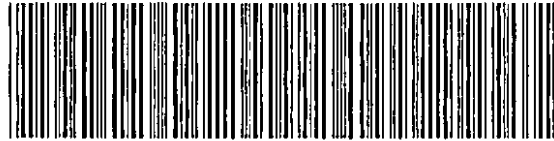
(Document Number)

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

Special Instructions to Filing Officer:

Monday

Office Use Only



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07/02/20 13:03

2020 JUL 2  
FALLS CHURCH, VA

FILED  
2020 JUL -2 AM 10:03  
FALLS CHURCH, VA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** FEYET, 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:

Kayanna Brow-Hendrickson

Name of Person

FEYET, LLC

Firm/Company

3309 Bodmin Moor Drive

Address

Tallahassee, FL 32317

City/State and Zip Code

kayannalovel@yahoo.com

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

For further information concerning this matter, please call:

<u>Kayanna Brow-Hendrickson</u>	<u>850</u>	<u>590-4526</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

FEYET, 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:

Mailing Address:

3309 Bodmin Moor Drive  
Tallahassee, FL 32317

3309 Bodmin Moor Drive  
Tallahassee, FL 32317

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:

Kayanna Brow-Hendrickson

Name

3309 Bodmin Moor Drive

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

Tallahassee

FL

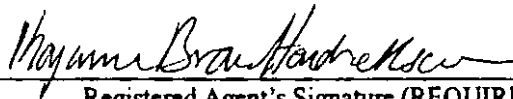
32317

City

State

Zip

*I, 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  
2020 JUL -2 PM 10:58  
SECRETARY OF STATE  
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

**Name and Address:**

MGR

Kavanna Brow-Hendrickson

3309 Bodmin Moor Drive

Tallahassee, FL 32317

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 7, 2020 (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.

None

**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.

Kavanna Brow-Hendrickson

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)**