

L20000216941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

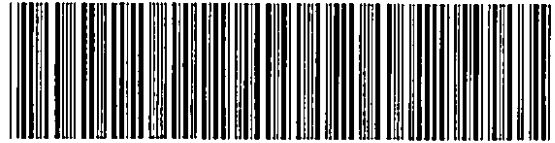
(Business Entity Name)

(Document Number)

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20 JUL 22 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 29 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2020

ANGELA K. KOLLMAN
ack 7045 DEAUVILLE ROAD 11247 San Jose Blvd. #613
JACKSONVILLE, FL 32205 Jacksonville, FL, 32223

SUBJECT: AKIAS LLC
Ref. Number: W20000047633

We have received your document for AKIAS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Owner is not title.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 520A00009837

RECEIVED
2020 JUL 22 PM 2:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AKias 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:

11247 San Jose Blvd #613
~~11247 San Jose Blvd #613~~
~~11247 San Jose Blvd #613~~
~~11247 San Jose Blvd #613~~
Jacksonville, FL 32223
~~Jacksonville, FL 32223~~
~~Jacksonville, FL 32223~~
~~Jacksonville, FL 32223~~

Mailing Address:

11247 San Jose Blvd #613
~~11247 San Jose Blvd #613~~
~~11247 San Jose Blvd #613~~
~~11247 San Jose Blvd #613~~
Jacksonville, FL 32223
~~Jacksonville, FL 32223~~
~~Jacksonville, FL 32223~~
~~Jacksonville, FL 32223~~

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:

Angela Kai Kallman
Name
11247 San Jose Blvd #613
~~11247 San Jose Blvd #613~~
~~11247 San Jose Blvd #613~~
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32223
City Zip

20 JUL 22 AM 1:17
TALLAHASSEE, FLORIDA

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.,

Angela K. Kallman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Angela Kai Kallman

11247 San Jose Blvd #613

7445 Deauville Road

Jacksonville, FL 32205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Angela K. Kallman

Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Angela Kai Kallman

Typed or printed name of signer

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)