

# L20000288417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

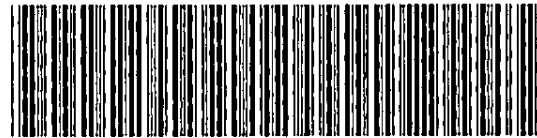
(Document Number)

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

Special Instructions to Filing Officer:

8/4

Office Use Only



400351593144

03/09/20--01017--018 \*\*160.00

2020 SEP -8 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

AL CULLIGAN

SEP 23 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Trouble Makers Entertainment L.L.C.  
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:

Kevin G. Forde  
Name of Person

Trouble Makers Entertainment L.L.C.  
Firm/Company

20080 N.W. 14<sup>th</sup> Place  
Address

Miami Florida 33169  
City/State and Zip Code

Trouble908@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benza Lamb at (305) 360-4297  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## **Culligan, Neysa**

---

**From:** Tamisha Wright <tamisha.wright@yahoo.com>  
**Sent:** Tuesday, September 22, 2020 1:10 PM  
**To:** Culligan, Neysa  
**Subject:** Trouble maker entertainment

EMAIL RECEIVED FROM EXTERNAL SOURCE

>> I am sending this as confirmation that I do not want to reinstate document number LI8000052255. I wish to start a new LLC entity.

Tamisha Wright

June 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trouble Makers Entertainment L.L.C.  
(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:

20080 N.W. 14<sup>th</sup> Place  
Miami FL 33169

Mailing Address:

20080 N.W. 14<sup>th</sup> Place  
Miami FL 33169

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:

Kevin G. Forde  
Name  
20080 N.W. 14<sup>th</sup> Place  
Florida street address (P.O. Box **NOT** acceptable)  
Miami FL 33169  
City State Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -8 PM 1:22

FILED

*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..*

Kevin G. Forde  
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:**

Cynthia Teran - Mgr

111 Viscount Dr.  
Newport News VA  
23608

Benza Lamb - mgr

26080 N.W. 14<sup>th</sup> Place  
Miami Florida  
33169

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -8 PM 1:22

(Use attachment if necessary)

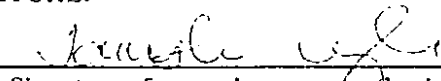
ARTICLE V: Effective date, if other than the date of filing: 9/1/2020 (OPTIONAL)

(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.

**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.

Kevin D. Forde

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)