

L20000327038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300352857893

10/05/20--01029--003 **160.00

Derrick Thompson
10/23/20

COVER LETTER

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

SUBJECT: All Fabulous Micka 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:

Chamenka Mondestin

Name of Person

Firm/Company

9209 Hilltop Meadow Loop Apt 104

Address

Tampa Florida 33610

City/State and Zip Code

chamenkam@yahoo.com

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

For further information concerning this matter, please call:

Chamenka Mondestin	786	715-1269
_____ Name of Person	at (_____)	_____ 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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Fabulous Micka 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:

9209 HillTop Meadow Loop Apt 104
Tampa Florida 33610

Mailing Address:

9209 HillTop Meadow Loop Apt 104
Tampa Florida 33610

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:

Chamenka Mondestin

Name

9209 HillTop Meadow Loop Apt 104

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

Tampa

Florida

33610

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..


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:

CEO

Chamenka Mondestin

9209 HillTop Meadow Loop Apt 104

Tampa Florida 33610

(Use attachment if necessary)

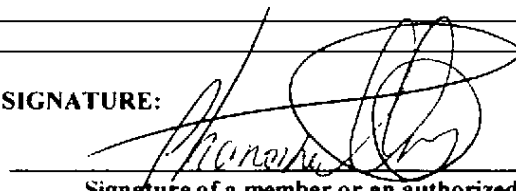
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

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

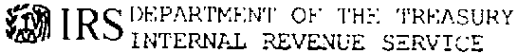
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CHAMENKA MONDESTIN

Typed or printed name of signee

Filing Fees:

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



Date of this notice: 07-14-2020

Form: SS-4

ALL FABULOUS MICKA
9209 HILLTOP MEADOW LOOP

For assistance you may call us at:

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-1953060. This EIN will identify you, your business accounts, tax returns, and

When filing tax documents, payments, and related correspondence, it is very important cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business*

To obtain tax forms and publications, including those referenced in this notice,

IMPORTANT REMINDERS:

one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

- Refer to this EIN on your tax-related correspondence and documents.

at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Thank you for your cooperation.

07-14-2020 WQND 0 9999999999 SS-4

[illegible]

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EMPLOYER IDENTIFICATION NUMBER: 85-1953060
FORM: SS-4 NOBOD

[illegible]

9209 HILITOP MEADOW LOOP
TAMPA, FL 33610