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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

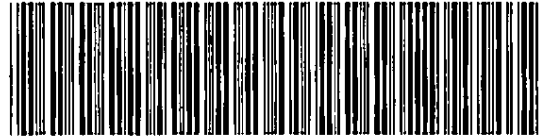
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OCT 29 2020



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALL RIBBON AGENCY, 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:

NICOLE SMITH

Name of Person

ALL RIBBON AGENCY, LLC

Firm/Company

7931 THRIPPENCE LANE

Address

ORLANDO, FL 32822

City/State and Zip Code

nikilove95@yahoo.com

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

For further information concerning this matter, please call:

NICOLE SMITH	407	952-3135
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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: All Ribbon Agency, LLC

Article II- Address:

Principal Office Address:

7931 Thrippence Lane
Orlando, FL 32822

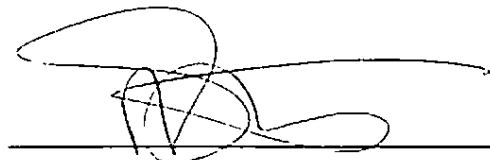
Mailing Address:

7931 Thrippence Lane
Orlando, FL 32822

Article III- Registered Agent Information:

Nicole Smith
7931 Thrippence Lane
Orlando, FL 32822

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

Article IV- Authorization

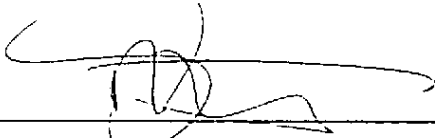
Authorized Member "AMBR": Nicole Smith
7931 Thrippence Lane
Orlando, FL 32822

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CLERK OF COURT
JANICE L. BROWN

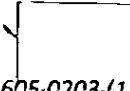
Article V: N/A

Article VI: N/A

Required Signature



Signature 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.

Nicole Smith

Printed Name

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STATE OF FLORIDA