

L20000 342392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

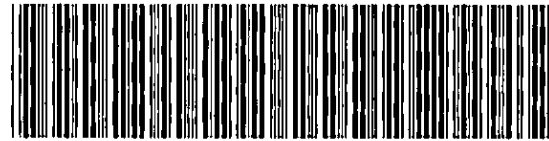
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. KRAZY BUTTERFLY MARKETING, LLC
Name Document Number (if known)

x Walk in _____ Will wait

____ Certified Copy of:

X Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
X Limited Liability
____ Domestication
____ INC
____ OTHER

AMENDMENTS

____ Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Merger

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL (0) _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign
____ Limited Partnership
____ Reinstatement
____ Trademark
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: KRAZY BUTTERFLY MARKETING, 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:

Name of Person
KRAZY BUTTERFLY MARKETING, LLC

Firm/Company
15757 PINES BLVD, STE 232

Address
PEMBROKE PINES, FL 33027

City/State and Zip Code
corp@krazyButterflyMarketing.com

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

For further information concerning this matter, please call:

Name of Person
MENHIS CLARK

Area Code
954

Daytime Telephone Number
309-4072

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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:

The name of the Limited Liability Company is:

KRAZY BUTTERFLY MARKETING, 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:

15757 PINES BLVD.

STE 232

PEMBROKE PINES, FL 33027

Mailing Address:

15757 PINES BLVD.

STE 232

PEMBROKE PINES, FL 33027

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:

MENJIS CLARK

Name

15757 PINES BLVD, STE 232

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

PEMBROKE PINES

FL

33027

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)

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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

MENFIS CLARK
15757 PINES BLVD, STE 232
PEMBROKE PINES, FL 33027

MGR

PIERRE SMITH
15757 PINES BLVD, STE 232
PEMBROKE PINES, FL 33027

(Use attachment if necessary)

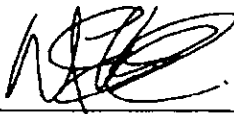
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

MENFIS CLARK

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)

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