# L20000357869

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PICK-UP WAIT MAIL
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11/12/20--01029--026 \*\*160.00

Darrick Thompson

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Mehera Kleiner 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:
Mehera Kleiner Name of Person
Mehera Kleiner LLC Firm/Company
10821 Blue Palm St. Address
Plantation, FL 33324  City/State and Zip Code  Meherakleiner @ gmail-Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mehera Kleinerat (415) 815-8898  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Bigsis \text{\$125.00 Filing Fee} \text{\$\Bigsis \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\Bigsis \text{\$\Bigsis \text{\$\Bigsis \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}}  \$\Bigsis \$\Bigsis \text{\$\Bigsis \text{\$\Big

## **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:		
	a Kleiner		<del></del>
(Must contain the work	ds "Limited Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Lim	nited Liability Company is:	
Principal Office A	ddress:	Mailing Address	<b>:</b>
10821 Blue Pal Plantation, FC		10821 Blue Pa Plantation, Fo	lm st. 33324
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot ser another business entity with an active Florida.)	ve as its own Registered Age	Agent's Signature: ent. You must designate an indivi	idual or
The name and the Florida street address of t	he registered agent are:		
_Me	ehera Kleir Name	ner	20 33
	321 Blue P		
	street address (P.O. Box NO		-;
Pla	ntation FL	33324	<b>?</b> ;
	City State	Zip	• • •
laving heen named as registered agent and to place designated in this certificate, I hereby ac urther agree to comply with the provisions of um familiar with and accept the obligations of	ecept the appointment as regi all statutes relating to the pro	istered agent and agree to act in to coper and complete performance of gent as provided for in Chapter 60	his capacity. I of my duties, and I

(CONTINUED)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Mehera Kleiner 10821 Blue Palm St. Plantation, Fl. 33324		
<del></del>			
(Use attachment if necessary)			
If an effective date is listed, the date must be sp he date of filing.)	e of filing: Jan. 1, 2021 (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other provisions, if any.	•		
This document is execu I am aware that any fals	ember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document of the Department of State		
1	ne felony as provided for in s.817.155, F.S.		
	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)