

L 20000 396183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

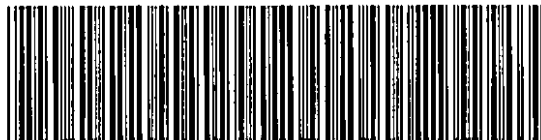
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/20--01012--008 **130.00

J DENNIS
DEC 29 2020

COVER LETTER

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

SUBJECT: High Klass Massage 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:

Patrick Legrand

Name of Person

High Klass Massage LLC

Firm/Company

6240 W. Oaklnd Park Blvd 055

Address

Fort Lauderdale, FL 33319

City/State and Zip Code

legrandpatrick@yahoo.com

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

For further information concerning this matter, please call:

Patrick Legrand	754	242-5574
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

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:

High Klass Massage 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:

Mailing Address:

6240 W. Oaklnd Park Blvd 055

Fort Lauderdale, FL 33319

6240 W. Oaklnd Park Blvd 055

Fort Lauderdale, FL 33319

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:

Patrick Legrand

Name

6240 W. Oaklnd Park Blvd 055

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

Fort Lauderdale

FL

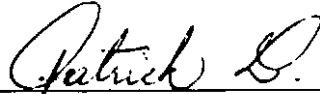
33319

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

MGR

Name and Address:

Patrick Legrand

6240 W. Oaklnd Park Blvd 055

Fort Lauderdale, FL 33319

(Use attachment if necessary)

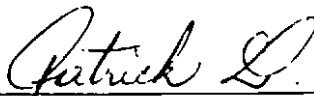
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Patrick Legrand

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)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► Go to www.irs.gov/FormSS4 for instructions and the latest information.

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested High Klass Massage LLC							
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Patrick Legrand						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 6240 W. Oaklnd Park Blvd 055	5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) Fort Lauderdale, FL 33319	5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located FL FL							
	7a Name of responsible party Patrick Legrand	7b SSN, ITIN, or EIN xxx-xx-xxxx						
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
8b	If 8a is "Yes," enter the number of LLC members 1							
8c	If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input checked="" type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Indian tribal governments/enterprises _____ Group Exemption Number (GEN) if any ► _____							
9b	If a corporation, name the state or foreign country (if applicable) where incorporated FL	Foreign country						
10	Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► Health Care <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____							
11	Date business started or acquired (month, day, year). See instructions. December 2020							
12	Closing month of accounting year December							
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>		Agricultural	Household	Other	0	0	0
Agricultural	Household	Other						
0	0	0						
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>							
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►							
16	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ►							
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Other							
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ►							

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name (TotalLegal.com)	Designee's telephone number (include area code) 866 815-6840
	Address and ZIP code 12835 NE Bel-Red Rd, Suite 130, Bellevue, WA 98005	Designee's fax number (include area code) 800 260-7563
	Applicant's telephone number (include area code) 754 242-5574	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's fax number (include area code)
Name and title (type or print clearly) ► Patrick Legrand		
Signature ► <i>Patrick L.</i>		Date ► 12/14/2020