

L21000102571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

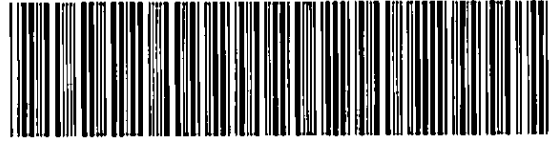
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/12/21--01010--001 **130.00

21 MAR 12 AM 9:03

2021 MAR 12 AM 8:55

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Authentic Expressions
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:

Shaquonda Wright
Name of Person

Firm/Company

100 St 1747 Capital Cir NE Apt 703
Address

Tallahassee FL 32333
City/State and Zip Code

ShaquondaWright15@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaquonda Wright 850 320 5715
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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:

Authentic Expressions 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:

100 1747 Capital Cir
NE Tallahassee FL
Apt 103 32308

Mailing Address:

100 Shervis Ln
Havana FL
32333

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:

Shaquonda Wright
Name

100 Shervis Ln

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

Havana FL 32333
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.

(Signature)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 12 AM 8:55

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

AMBR

AMBR

AMBR

Name and Address:

Shagvonda Wright
1147 Capital Cir NE
Havana FL 32333

Sanji Johnson
100 Shervish Ln
Havana FL 32333

Shabari Williams
1147 Capital Cir NE
Tallahassee FL APT 703

Shamaria Williams
1147 Capital Cir NE
Tallahassee FL APT 703

(Use attachment if necessary)

ARTICLE V: "Effective date:" other than the date of filing of this document, (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 a date is listed, it must be specific and cannot be more than five business days prior to or 90 days after the date of filing. If a date is listed, it must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

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 605.0263 (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. 817.055, F.S.

Shagvonda Wright
Typed or printed name of signee

Filing Fees:

1.50 (Filing Fee) 2.00 (Filing Fee) 3.00 (Filing Fee) 4.00 (Filing Fee) 5.00 (Filing Fee) 6.00 (Filing Fee) 7.00 (Filing Fee) 8.00 (Filing Fee) 9.00 (Filing Fee) 10.00 (Filing Fee)