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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT M	IAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status _			
Special Instructions to Filing Officer:				
_				

Office Use Only



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03/15/21--01006--005 **160.00

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT:

Keen Business Concepts 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:

Anthony Richardson

Name of Person

Keen Business Concepts LLC

Firm/Company

101 Lake Ave, UNIT 1100

Address

Orlando, FL 32801

City/State and Zip Code

mrtonyr@outlook.com

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

For further information concerning this matter, please call:

Anthony Richardson

,305

684-3790

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

Keen Business Concept	IS LLC				
	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princip</u>		Mailing Address:			
101 Lake Ave		101 8	_ake Ave		
UNIT 1100	UNIT 1100		1100		_
Orlando, FL 32801		Orlar	ndo, FL 32801		
mother business entity with an	address of the registered	Registered Agent. 'on.)	nt's Signature: You must designate an	individual or	20211245
another business entity with an	active Florida registration address of the registered Anthony Richardson	Registered Agent. on.) I agent are:		individual or	2021144.7 15 8
another business entity with an	active Florida registration address of the registered	Registered Agent. On.) d agent are: Name	You must designate an	individual or	20211433-15 - PH - 5:
another business entity with an	active Florida registration address of the registered Anthony Richardson 101 Lake Ave, UNIT 116	Registered Agent. On.) d agent are: Name	You must designate an	individual or	20211533 15 - 211 5: 11
another business entity with an another business entity with an arrive name and the Florida street	active Florida registration address of the registered Anthony Richardson 101 Lake Ave, UNIT 110 Florida street address	Registered Agent. On.) I agent are: Name O0 s (P.O. Box NOT a	You must designate an control of the		20211147 15 PH 5: 11

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"MGR" = Manager	
1	
MGR	Anthony Richardson
	101 Lake Ave, UNIT 1100
	Orlando, FL 32801
AMBR	John Fernando Tobon 101 Lake Ave, UNIT 1100
	Orlando, FL 32801
	
AMBR	Amy Sloen
	9422 Myrtle Creek Lane, Apt 806
	Orlando, FL 32832
	
date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a rtment of State's records.
REQUIRED SIGNATUR"	
REOUIRED SIGNATUR Signature of This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State adegree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATUR Signature of This document is I am aware that an	executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
Signature of This document is I am aware that ar constitutes a third	executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)