

# L21000208300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP



WAIT

☐

MAIL

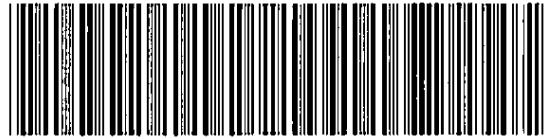
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600366076166

05/13/21--01010--003 \*\*130.00

RECEIVED  
2021 MAY 13 AM 9:02  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED  
2021 MAY 13 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Kennedi's Karter 1 Stop Shop 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:

Tymia Hicks  
Name of Person

Kennedi's Karter 1 Stop Shop LLC.  
Firm/Company

2301 Old bainbridge Rd Tallahassee FL  
Address

Tallahassee FL 32303  
City/State and Zip Code

tymia.h@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tymia Hicks at ( 850 ) 345-3658  
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

FILED  
2021 MAY 13 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kennedi's Karter 1 Stop Shop 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:

2301 Old Bainbridge Rd  
Tallahassee FL 32303

Mailing Address:

92 Bowil Lane  
Quincy FL 32352

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:

Tymia Hicks  
Name  
2301 Old Bainbridge Rd  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32303  
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..

Tymia Hicks  
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

Name and Address:

MGR

Tymia Hicks  
92 Bowie Lane  
Quincy Fl. 32352

AMBR

Kennedi Wiggins  
92 Bowie Lane  
Quincy Fl. 32352

AMBR

Karter Wiggins  
92 Bowie Lane  
Quincy Fl.

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAY 13 AM 9:28

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 13, 2021 (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:

Tymia J. Hicks  
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.317.155, F.S.

Tymia J. Hicks  
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)