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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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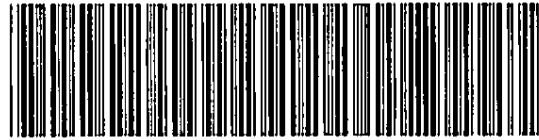
(Business Entity Name)

(Document Number)

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01/20/21--01013--022 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAY 20 2021

W21-16004



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2021

SHERRY ROBINSON
617 1/2 27TH AVE SOUTH
ST. PETERSBURG, FL 33705

SUBJECT: INVENT WORLD HOLDING LIMITED LIABILITY COMPANY
Ref. Number: W21000016004

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TALLAHASSEE, FLORIDA

We have received your document for INVENT WORLD HOLDING LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name on the cover letter does not match the Articles. Also, it appears pages for a different entity has been included with this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 621A00002868

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Invent world holding Limited Liability company
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:

Ms. Sherry L. Robinson
Name of Person

Firm/Company

617 1/2 27th AVE South
Address

St. Petersburg, Florida 33705
City/State and Zip Code

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sherry L. Robinson at (727) 623-5986
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Invent world Holding Limited Liability Company
(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:

3135 1st Ave N Unit # 12432
St. Petersburg FL 33733
Phone # (813) 420-0248

Mailing Address:

P.O. Box # 12432
St. Petersburg FL 33733

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:

Sherry L. Robinson
Name

617 1/2 24th Ave South
Florida street address (P.O. Box NOT acceptable)

St. Petersburg Florida 33705
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..

Rep. Sherry Robinson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Name and Address:

Sherry L Robinson
614 1/2 24th Ave South
St. Petersburg, FL 33705

De'Asia Pryal
614 1/2 24th Ave South
St. Petersburg FL 33705

(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 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:

Rep. Sherry Robinson

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.

Sherry Robinson

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)

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21 MAR 15 PM 4:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA