

L21 066 323 619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

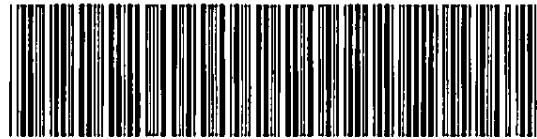
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June 20, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. BOX 6327 | TALLAHASSEE, FLORIDA 32314

In reviewing my submitted application for LLC, I noticed that I had filled out and mailed the incorrect application. This is a request to form a Florida LLC not a request to operate a foreign LLC in Florida. Please accept the correct application of Articles of Organization instead of Qualification of a Foreign LLC.

SINCERELY,

Laura H. Lyonnais

LAURA LYONNAIS

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CLERK OF COURT
JUL 15 2021

COVER LETTER

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

LaLaKina LLC

SUBJECT: _____
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:

Laura Lyonnais

Name of Person

LaLaKina LLC

Firm/Company

6408 Key Island Avenue

Address

Apollo Beach, FL 33572

City/State and Zip Code

lalakinallc@gmail.com

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

For further information concerning this matter, please call:

Laura Lyonnais

703

870-6171

at (_____) _____

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LaLaKina 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:

6408 Key Island Avenue

Apollo Beach, FL 33572

Mailing Address:

6408 Key Island Avenue

Apollo Beach, FL 33572

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:

Laura Lyonnais

Name

6408 Key Island Avenue

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

Apollo Beach

FL

33572

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..

Laura H. Lyonnais

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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APOLLO BEACH, FL 33572

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:

AMBR

Laura Lyonnais
6408 Key Island Avenue
Apollo Beach, FL 33572

(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:

Laura H. Lyonnais

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.

Laura Lyonnais

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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