

L21000427105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

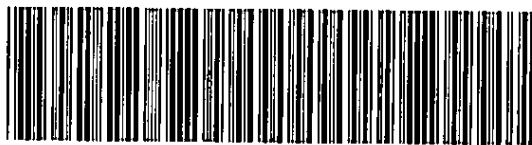
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N21000124874

Office Use Only



100373192991

03/13/21--01026--016 **160.00

FILED
2021 SEP 23 AM 11:47
CLERK OF STATE
CLERK OF STATE

af



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 23 PM 4:36

September 15, 2021

KEITH JENKINS
8168 PRESLEY DR
JACKSONVILLE, FL 32216 US

SUBJECT: KONVERSATIONS, LLC
Ref. Number: W21000124874

We have received your document for KONVERSATIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE NOT SENT IN THE COMPLETE APPLICATION FOR AN LLC,
PLEASE SEND IN ALL PAGES IN ORDER TO BE PROCESSED.

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.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 221A00022287

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FLORIDA DEPARTMENT OF STATE
JACKSONVILLE, FL 32203

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Konversations, 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:

Keith Jenkins

Name of Person

Firm/Company

8168 Presley Drive

Address

Jacksonville, Florida 32216

City/State and Zip Code

i21220@yahoo.com

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

For further information concerning this matter, please call:

Keith Jenkins

443

691-6294

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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CLERK OF STATE
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:

Konversations, 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:

8168 Presley Drive
Jacksonville, FL 32216

Mailing Address:

8168 Presley Drive
Jacksonville, FL 32216

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:

Keith Jenkins

Name

8168 Presley Drive

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

Jacksonville,

FL

32216

City

State

Zip

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TALLAHASSEE, FLORIDA

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..



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

Keith Jenkins
8168 Preslev Drive
Jacksonville Florida 32216

AMGR

Bridget Jenkins
8168 Preslev Drive
Jacksonville Florida 32216

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CLERK OF STATE
JACKSONVILLE, FLORIDA

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(Use attachment if necessary)

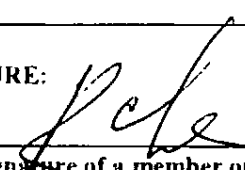
ARTICLE V: Effective date, if other than the date of filing: September 8, 2021 (OPTIONAL)

(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:



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.

Keith Jenkins

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)