

L21000456386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

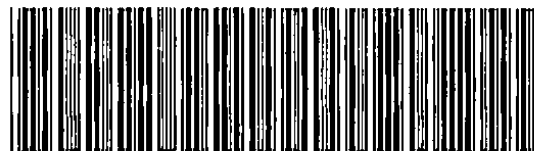
(Document Number)

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

Special Instructions to Filing Officer:

L21000110021

Office Use Only



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08/03/21--01035--004 \*\*

2021 OCT -8 AM 3:13  
MASSACHUSETTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2021

KECIA S. CHAMBERS  
3160 NW 43 PLACE  
OAKLAND PARK, FL 33309-4297

SUBJECT: KHARISMATIC KREATIONS, LLC  
Ref. Number: W21000110021

2021 OCT -8 AM 3:13  
DIVISION OF CORPORATIONS

We have received your document for KHARISMATIC KREATIONS, LLC 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 effective date cannot be more than 90 days after the date of filing. Our office received your document on August 3, 2021.

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.

James G Harris  
Regulatory Specialist II

Letter Number: 221A00018731

2021 OCT -3 1:11:56

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Khariismatic Kreations, LLC  
Name of Limited Liability Company

2021 OCT -8 AM 3:13

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kecia S. Chambers

Name of Person

Firm/Company

3160 N.W. 43 Place

Address

Oakland Park, FL 33309-4297

City/State and Zip Code

Kecia 4 U @ bellsouth.net

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

For further information concerning this matter, please call:

Henry Robinson at ( 954 ) 398-3502

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Khaxismatic KreationS, 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:

Mailing Address:

3160 N.W. 43 PL  
Oakland Park, FL 33309

3160 N.W. 43 PL  
Oakland Park, FL 33309

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:

Kecia S. Chambers

Name

3160 N.W. 43 PL

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

Oakland Park, FL 33309

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.

Kecia Chambers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

**Name and Address:**

Kecia S. Chambers

3160 N.W. 43 PL

Oakland Park, FL 33309

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/22 (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 on the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Kecia Chambers

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.

Kecia S. Chambers

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)