

L21000493856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

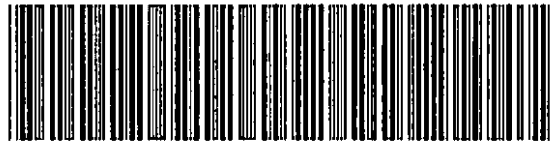
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000376347300

11/12/21--01027--007 **160.00

FILED
2021 NOV 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BURCH
NOV 18 2021

COVER LETTER

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

SUBJECT: ASPIRE TO INSPIRE CRAFTS, 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:

LAUREN LUCENA-ALBERT
Name of Person

ASPIRE TO INSPIRE CRAFTS, LLC
Firm/Company

1805 PATERRE AVE.
Address

LUTZ, FL. 33558
City/State and Zip Code

ASPIRETOINSPIRECRAFTS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN LUCENA-ALBERT (845) 772-1182
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

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

LAUREN LUCENA-ALBERT
1905 PARTERRE AVE.
LUTZ, FL. 33558

SEAN ALBERT
1905 PARTERRE AVE.
LUTZ, FL. 33558

2021 NOV 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

90

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOV. 05, 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:

J. J. Albert

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.

LAUREN LUCENA-ALBERT
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)