

L22000158667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

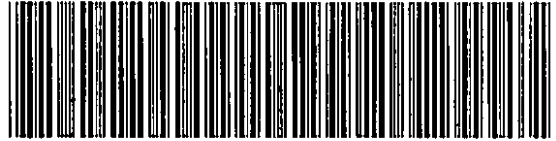
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
April 15th

Office Use Only



300359850813

02/16/21--01052--006 **125.00

FILED

22 APR 15 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. CHATHAM

APR 15 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2021

MYRA RICHARDSON-ROBINSON
13463 BLYTHWOOD DRIVE
SPRING HILL, FL 34609

SUBJECT: RIBBONS EVENT PLANNING AND LITE FOOD CATERING, LLC
Ref. Number: W21000034744

We have received your document for RIBBONS EVENT PLANNING AND LITE FOOD CATERING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not convert to llc,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 721A00005513

FILED
22 APR 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ribbons Event Planning and Lite Food Catering
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Myra Richardson-Robinson
(Contact Person)

Ribbons Event Planning and Lite Food Catering
(Firm/Company)

13463 Blythewood Drive
(Address)

Spring Hill, Florida 34609
(City, State and Zip Code)

ribbonsevents@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Myra Richardson-Robinson 813) 482-2449
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
---	---	---	--

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
22 APR 15 AM 10:09
TALLAHASSEE, FL 32303
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ribbons Event Planning¹ 3, LITE Food Catering
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.") LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13463 Blythewood Drive
Spring Hill, FL 34609

Mailing Address:

13463 Blythewood Drive
Spring Hill, FL 34609

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:

Latoyha D. Richardson
Name

11351 Hudson Hills Lane
Florida street address (P.O. Box NOT acceptable)

Riverview FL 33579
City 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..

Latoyha D. Richardson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
22 APR 15 AM 10:09
SECRETARY OF STATE
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

Name and Address:

Myra Richardson - Robinson
13463 Bluffwood Drive
Spring Hill, FL 34609

Freddie J. Robinson JR.
13463 Bluffwood
Spring Hill, FL 34609

MGR

MGR

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Myra Richardson 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.

Myra Richardson - 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)

FILED
22 APR 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA