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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

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☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 27 PM 2:33

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kel's Link Bar LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

Keundra Braric
Name of Person

Firm/Company	
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509 E magolia Dr Apt 134-J
Address

Tallahassee FL 32301

E-mail address: (to be used for future annual report notification)
 theray@ertronix1706.com

For further information concerning this matter, please call:

Name of Person Keondra Brankin Area Code (850) Daytime Telephone Number 570-5503

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

1937-1938

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KE'S DRINK BAR 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:

509 E Magnolia Dr
APT 1342 Tallahassee
FL 32301

Mailing Address:

509 E Magnolia Dr
APT 1342 Tallahassee FL 32301

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:

Keundra Brann

Name

509 E Magnolia Dr APT 1342

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

Tallahassee FL 32301

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.

Keundra Brann

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED IN 2009

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

" 72

KEITHA BRADY
134 E. INSURANCE DR. APT
TALLAHASSEE FL 32301

(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:

KEITHA BRADY

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.

KEITHA BRADY

Typed or printed name of signer

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)

10/11/2011