

L22000414221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

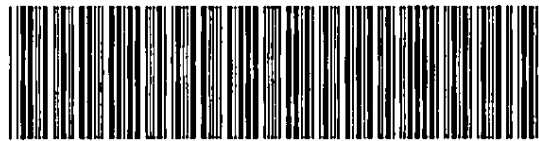
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Received
August 20th*

Office Use Only



200386430842

04/27/22--01021--012 **122.50

10/21/22--0107--012 **122.50

S. CHATHAM

SEP 26 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
32 Aug 26 PM 3:47

August 18, 2022

New Filing Section Division
Attn: Ms. Chatham
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: APPLY FUNDS FOR PREVIOUS SUBMISSION TO NEW FILING

- LETTER NUMBER: 322A00011680
- REF. NUMBER: W22000067418

Greetings Ms. Chatham:

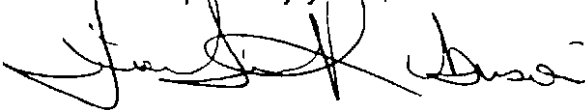
Please apply funds that were originally submitted per above reference information, to **new** entity filing submission that is enclosed. (application was rejected for improper entity change, but funds in amount of \$122.50 were cashed/deposited).

I have enclosed the additional funds due in the amount of \$37.50.

- \$ 2.50 (to cover difference in \$122.50 from original filing fee)
- \$ 5.00 (to cover cost of certificate of status fee)
- \$30.00 (to cover cost of certified copy)

Thanks so much for your assistance with this matter.

Respectfully yours,



Yvonne Grant-Robinson
Inspirations by Yvonne Robinson, LLC
16352 Swanview Circle
Odessa, FL 33556

Mailing Address:

P.O. Box 22551
Tampa, FL 33622
Enclosures

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DIVISION OF CORPORATIONS
22 AUG 20 PM 3:47

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INSPIRATIONS BY YVONNE ROBINSON, 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:

YVONNE GRANT-ROBINSON

Name of Person

INSPIRATIONS BY YVONNE ROBINSON, LLC

Firm/Company

P.O. BOX 22551

Address

TAMPA, FL 33622

City/State and Zip Code

INSPIRATIONSBYR@GMAIL.COM

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

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22 AUG 20 PM 3:47

For further information concerning this matter, please call:

YVONNE GRANT-ROBINSON 813 408-9687
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$ 37.50 (see enclosed letter for details)

- ☐ \$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:

INSPIRATIONS BY YVONNE ROBINSON, 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:

16352 SWANVIEW CIRCLE
ODESSA, FL 33556

Mailing Address:

P.O. BOX 22551
TAMPA, FL 33622

ARTICLE III¹ - 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:

YVONNE GRANT-ROBINSON

Name

16352 SWANVIEW CIRCLE

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

ODESSA

FL

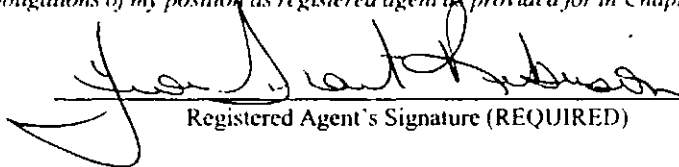
33556

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..


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

CEO _____

Name and Address:

YVONNE GRANT-ROBINSON
16352 SWANVIEW CIRCLE
TAMPA, FL 33556

22 AUG 20 PM 3:47

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CLERK OF STATE
DIVISION OF CORPORATIONS

(Use attachment if necessary)

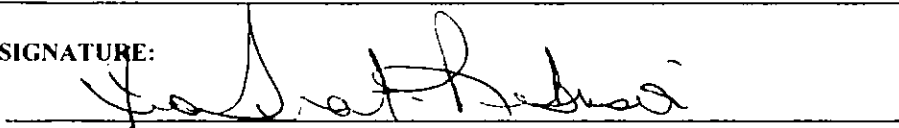
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

YVONNE GRANT-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)