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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

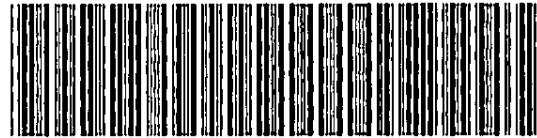
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/22--0101E--004 *\$125.00

FILED
2022 AUG 16 PM 3:57
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP 15 AM 11:10

August 26, 2022

BREANNA LYKE
3822 SW COQUINA COVE WAY #205
PALM CITY, FL 34990

SUBJECT: BK LYKE NOTARY SERVICES LLC
Ref. Number: W22000109911

We have received your document for BK LYKE NOTARY SERVICES 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 222A00019047

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2022 AUG 16 PM 3:57
SUNSHINE STATE
CLERK OF THE COURT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BK Lyke Notary Services 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:

Breanna Lyke
Name of Person

BK Lyke Notary Services LLC
Firm/Company

3822 SW Coquina Cove Way #205
Address

Palm City FL 34990
City/State and Zip Code

BreannaLykenotary813@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breanna Lyke at 772 521 2696
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

FILED
2022 AUG 16 PM 3:57
Tallahassee, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BK Lyke Notary Services 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:

3822 SW Coquina Cove way
#205
Palm City FL 34990

3822 SW Coquina Cove way
#205
Palm City FL 34990

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:

Breanna Lyke

Name

3822 SW Coquina Cove way #205

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

Palm City FL 34990

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.

Breanna K Lyke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 AUG 16 PM 3:57
NOTARY PUBLIC
STATE OF 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

MGR

Name and Address:

Breanna Lyke
3527 SW Coquina Cove Way #205
Palm City FL 34990

(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:

Breanna K Lyke

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.

Breanna K Lyke

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)