

W22000430750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

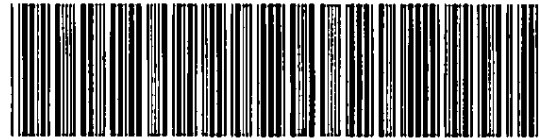
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000103690

Office Use Only



500391875675

*File
10/6/22*

08/02/22--01017--009 ++125.00

FILED
2022 OCT -4 AM 6:05
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2022

NATKING A ROSA
2001 N STATE RD 7 A-1
MARGATE, FL 33063

SUBJECT: YOUR MASTER LOCKSMITH LLC
Ref. Number: W22000103690

We have received your document for YOUR MASTER LOCKSMITH 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 complete document was not received. Please resubmit your Articles and sign in appropriate places.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 122A00017915

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TALLAHASSEE, FL

10/4/22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: your Master Locksmith 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:

NATKINS Rosa
Name of Person

your Master Locksmith LLC
Firm/Company

2001 N. STATE RD 7 A-1
Address

Margate FL 33063
City/State and Zip Code

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

For further information concerning this matter, please call:

NATKINS Rosa at 954- 479-4401
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

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2022 OCT -4 AM
SECRETARY OF
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR MASTER LOCKSMITH 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:

2001 N STATE RD 7
A-2
MARGATE FL 33063

Mailing Address:

2001 N. STATE RD 7
A2
MARGATE FL 33063

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:

NATKINS A. ROSA

Name

2001 N. STATE RD 7 - A1

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

MARGATE FL 33063

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.

Natkins Rosa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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:

NATKINS ROSA

2001 N. STATE RD 7
AZ
MARGATE FC 33063

(Use attachment if necessary)

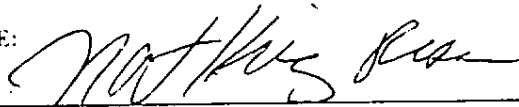
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

NATKINS ROSA

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT -4 AM 6:05

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