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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

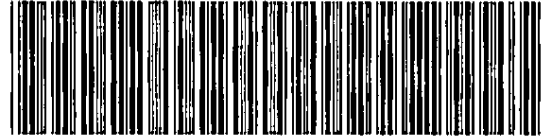
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/01/2007 11:07:11 AM **1.657.0





FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022-11-02 AM 8:19

October 4, 2022

STEVEN C KIRBY/VARJABEDIAN, PETER C
6047 ROBINSON STREET
JUPITER, FL 33458

SUBJECT: LB GROUP LLC
Ref. Number: W22000125506

We have received your document for LB GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000002433.

Please return your document, along with a copy of this letter, within 60 days of 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: 422A00022061

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 31 2022

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: COAST TO COAST EXOTICS 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:

STEVEN KIRBY

Name of Person

Firm/Company

808 POPLAR DRIVE

Address

WEST PALM BEACH, FL 33403

City/State and Zip Code

DEEPDIVIN247@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN KIRBY 561 420-1416
_____) at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

22 NOV -2 AM 9:33
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COAST TO COAST EXOTICS 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:

717 TALLAPOOSA STREET
WEST PALM BEACH, FL 33405

Mailing Address:

717 TALLAPOOSA STREET
WEST PALM BEACH, FL 33405

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:

STEVEN KIRBY

Name

808 POPLAR DRIVE

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

WEST PALM BEACH FL 33403

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

STEVEN KIRBY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Digitally signed by STEVEN KIRBY
Reason: I agree to the accuracy and integrity
of this document
Date: 2022.11.09 21:32:16-0700

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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:

MGR

KIRBYS DREAMWORLD LLC
9614 CAPENDON AVENUE
PALM BEACH GARDENS FL, 33418

MGR

GRANGER LEONARD
717 TALLAPOOSA STREET
WEST PALM BEACH FL, 33405

MGR

PETER C VARJABEDIAN
6047 ROBINSON STREET
JUPITER FL, 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/02/2022. (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:

STEVEN KIRBY

Digitally signed by STEVEN KIRBY
made on 11/02/2022 at 11:33:21-0700
Date: 2022.11.02 11:33:21-0700

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.

STEVEN KIRBY

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)

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TALLAHASSEE, FLORIDA

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Florida Limited Liability Company Filing

Filing Information

If an effective date is required for this filing, enter here 10 / 26 / 2022 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$125.00

Certificate of Status ☒ \$5.00 (Optional) What is a certificate of status?

Certified Copy ☐ \$30.00 (Optional) What is a certified copy?

Limited Liability Company Name COAST TO COAST EXOTICS LLC

(Name must end with "Limited Liability Company", "L.L.C." or "LLC")

Principal Place of Business (The principal address must be a street address)

Address 717 TALLAPOOSA STREET
 Suite, Apt. #, etc.
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33405 US

Mailing Address

If your limited liability company mailing address is the same as the principal address above, please check the box below. Otherwise, enter your limited liability company mailing address.

☒ Mailing address same as principal address

Address 717 TALLAPOOSA STREET
 Suite, Apt. #, etc.
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33405 US

Name And Address of Registered Agent What is a registered agent?

Name	LEONARD	, GRANGER	,	
Last Name	First Name	Initial	Title (Sr., Jr., etc.)	

- OR -

Business to serve as RA (Must be different from entity name being filed)

Address 717 TALLAPOOSA STREET (PO Box not acceptable)
 Suite, Apt. #, etc.
 City, State WEST PALM BEACH, FL
 Zip Code & Country 33405 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an

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 TALLAHASSEE, FLORIDA

individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

Registered Agent Signature GRANGER LEONARD

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

(Maximum of 240 characters.)

240 characters remaining

Notice of Annual Report

This Limited Liability Company (LLC) must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The LLC's first annual report will be due between January 1st and May 1st of the calendar year following the year the LLC is formed and must be filed online. The fee to file a LLC Annual Report is \$138.75. A late fee of \$400 is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name STEVEN KIRBY
E-mail Address DEEPDIVIN247@GMAIL.COM
Re-enter E-mail Address DEEPDIVIN247@GMAIL.COM

Signature of a member or an authorized representative.

Electronic Signature STEVEN KIRBY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

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 22 NOV -2 AM 5:50
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 TALLAHASSEE, FL

Name And Address of Person(s) Authorized to Manage LLC What is a Manager (MGR) or or Authorized Representative (AR)?

List the name and address of each manager or representative authorized to manage and control the company. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$25.00 filing fee.

Title MGR (MGR, AMBR, AP or other designated title(s))

Name LEONARD , GRANGER ,
Last Name **First Name** **Initial** **Title (Sr., Jr., etc.)**

- OR -

Entity Name to serve as MGR,

AMBR, AP or other designated title(s)

Street Address 717 TALLAPOOSA STREET
City, State WEST PALM BEACH, FL
Zip Code & Country 33405 US

Title MGR (MGR, AMBR, AP or other designated title(s))

Name
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s) KIRBYS DREAMWORLD LLC

Street Address 9614 CAPENDON AVE
City, State PALM BEACH GARDENS, FL
Zip Code & Country 33418 US

Title MGR (MGR, AMBR, AP or other designated title(s))

Name VARJABEDIAN, PETER C
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s)

Street Address 6047 ROBINSON STREET
City, State JUPITER, FL
Zip Code & Country 33458 US

Title (MGR, AMBR, AP or other designated title(s))

Name
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s)

Street Address
City, State
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name
Last Name First Name Initial Title (Sr., Jr., etc.)
- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s)

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TALLAHASSEE, FLORIDA

Street Address

City, State

Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s)

Street Address

City, State

Zip Code & Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

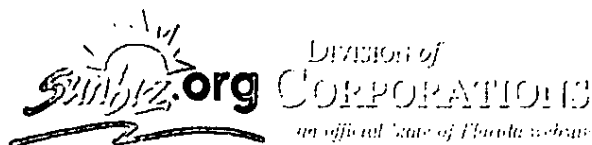
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TALLAHASSEE, FLORIDA



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Effective date for this filing 09/12/2022

Certificate of Status Requested Yes

Certified Copy Requested No

Limited Liability Company Name LB GROUP LLC

Principal Place of Business

Address 6047 ROBINSON STREET

Suite, Apt. #, etc.

City, State JUPITER, FL

Zip Code & Country 33458, US

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) VARJABEDIAN, PETER, C.

Address 6047 ROBINSON STREET

Suite, Apt. #, etc.

City, State JUPITER, FL

Zip Code & Country 33458, US

Registered Agent Signature PETER VARJABEDIAN

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name STEVEN C KIRBY

E-mail Address DEEPDIVIN247@GMAIL.COM

Signature of a member or an authorized representative.

Signature STEVEN C KIRBY

Name And Address of Person(s) Authorized to Manage LLC

Name And Address #1

Title MGR

Name (Last, First, Middle, Title) VARJABEDIAN, PETER , C
Street Address 6047 ROBINSON STREET
City, State JUPITER, FL
Zip Code & Country 33458, US

Name And Address #2

Title MGR
Entity Name to serve as MGR, KIRBYS DREAMWORLD LLC
AMBR, AP or other designated title(s)
Street Address 9614 CAPENDON AVENUE
City, State PALM BEACH GARDENS, FL
Zip Code & Country 33418, US

Name And Address #3

Title MBR
Name (Last, First, Middle, Title) LAY, RICKY
Street Address 9831 CUNNINGHAM ROAD
City, State JACKSONVILLE, FL
Zip Code & Country 32246, US

Name And Address #4

Title MBR
Name (Last, First, Middle, Title) LEONARD, GRANGER
Street Address 717 TALLAPOOSA STREET
City, State WEST PALM BEACH, FL
Zip Code & Country 33405, US

Name And Address #5

Title MBR
Name (Last, First, Middle, Title) NGUYEN TRAN, DU
Street Address 3104 SCOTTY DRIVE
City, State JACKSONVILLE, FL
Zip Code & Country 32216, US

Name And Address #6

Title MBR
Entity Name to serve as MGR, RAYDEPADUA LLC
AMBR, AP or other designated title(s)
Street Address 930 IRONRIDGE COURT
City, State ORANGE PARK, FL
Zip Code & Country 32065, US

Continue

Name And Address of Person(s) Authorized to Manage LLC What is a Manager (MGR) or or Authorized Representative (AR)?

List the name and address of each manager or representative authorized to manage and control the company. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$25.00 filing fee.

Title (MGR, AMBR, AP or other designated title(s))
Name , , ,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR, AMBR, AP or other designated title(s)

Street Address
City, State ,
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))
Name , , ,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR, AMBR, AP or other designated title(s)

Street Address
City, State ,
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))
Name , , ,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR, AMBR, AP or other designated title(s)

Street Address
City, State ,
Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))
Name , , ,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,
AMBR, AP or other designated title(s)

Street Address

City, State

Zip Code & Country

Title (MGR, AMBR, AP or other designated title(s))

Name
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,
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City, State

Zip Code & Country

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Entity Name to serve as MGR,
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