

L23000176229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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file date: 3/10/23

FILED
2023 MAR 10 PM 6:46
CLERK OF COURT
ALABAMA

DO

W22-147521



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2022

KEVIN KING
IGNEOUS UP
710 LEGION DR. UNIT G3
DESTIN, FL 32341

SUBJECT: IGNEOUS UP
Ref. Number: W22000147521

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

Parts of your application is not legible. The name of the entity is not clear. Also, please completely fill out Article III for the registered agent.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 122A00026636

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IGNEOUS LP 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:

Kevin King
Name of Person

IGNEOUS LP LLC
Firm/Company

710 Legion Dr. Unit G3
Address

Destin FL 32341
City/State and Zip Code

Kevin King 478@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin King at (850) 517 6099
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IGNITEOUS UP 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:

710 Legion Dr. Unit G3
Destin FL 32541

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:

Kevin King

Name

710 Legion Dr. Unit G3

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

Destin

City

FL

State

32541

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.

K. King

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MAR 10 2023

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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

MGR

Name and Address:

Kevin King

710 Gagon Bl. C13

Destin FL 32641

AMBR

Kamari King

921 Denton Blvd 105

Port Klamon Beach FL 32642

(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:

KL King

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.

Kevin King

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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2023 MAR 10 PM 6:46
TALLAHASSEE, FLORIDA