

L23000192372

(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:

Office Use Only



700405347977

03/28/23--01024--025 \*\*160.00

New Filing Section

Division of Corporations

Florida department of state

P.O. Box 6327

Tallahassee, FL 32314

Good afternoon,

Please find enclosed a completed application for articles of organization and an LLC for my new corporation called BODACIOUS! Body Butters & Oils. I have also enclosed a check for \$160 payable to FI Dept. of State Division of Corporations for the filing fee, the certificate status, and a certified copy.

The form has been printed and signed by hand because the name I chose for my corporation has an exclamation point in it, and the system would, therefore, not accept it.

If you have any questions or concerns, please contact me by phone or text to:

**Name:**

Robin Firestone

**Address:**

9800 Hamlin Blvd

Apt 612

Seminole, FL 33776

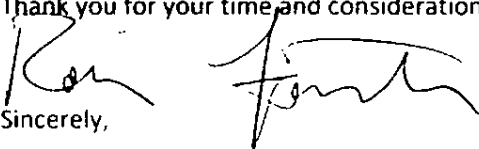
**Daytime Phone:**

561-703-2365

Thank you for your time and consideration.

Sincerely,

Robin Firestone

A handwritten signature in black ink, appearing to read 'Robin Firestone', written over the word 'Sincerely,'.

**COVER LETTER**

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

**SUBJECT:** BODACIOUS! Body Butters & Oils 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:

Robin Firestone

Name of Person

BODACIOUS! Body Butters & Oils LLC

Firm/Company

9800 Hamlin Blvd. Apt 612

Address

Seminole, FL 33776

City/State and Zip Code

rfirestone71@gmail.com

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

For further information concerning this matter, please call:

Robin Firestone

561

703-2365

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BODACIOUS! Body Butters & Oils 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:

9800 Hamlin Blvd. Apt 612

Seminole, FL 33776

Mailing Address:

9800 Hamlin Blvd. Apt 612

Seminole, FL 33776

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:

Robin Firestone

Name

9800 Hamlin Blvd. Apt 612

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

Seminole

FL

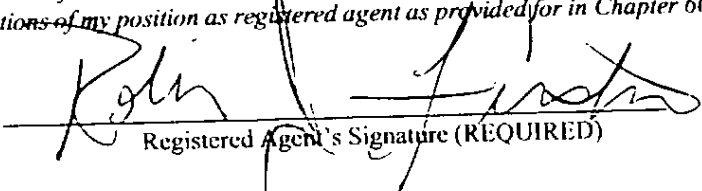
33776

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)

**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

Robin Firestone

9800 Hamlin Blvd. Apt 612

Seminole, FL 33776

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

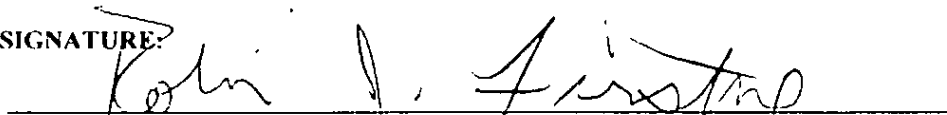
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Robin Jov Firestone

\_\_\_\_\_  
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)