

L240W21S316

(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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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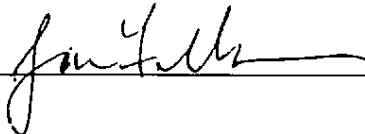
2024 MAY 14 PM 1:11

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$160.00

Authorization Signature: _____
V&R Bolden Family Enterprise LLC.



BUSINESS (Name)

Document #

☐ Walk in

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☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Organization**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☒ **LLC**
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () _____

Country

REGISTRATION/QUALIFICATION

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Statement of Authority

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TALLAHASSEE, FL
STATE OF FLORIDA

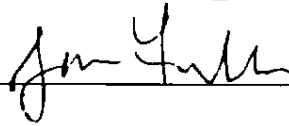
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EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
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PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: _\$160.00_____

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Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

__X__ Certified Copy of Articles of Organization

__X__ Certificate of Status

NEW FILINGS

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___ Statement of Authority

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CLERK OF STATE
TALLAHASSEE, FL

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: V&R Bolden Family Enterprise, 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:

Christina Y. Williams

Name of Person

JMC Business Solutions, LLC

Firm/Company

2893 West Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jmccclsvs@gmail.com

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

For further information concerning this matter, please call:

Christna Y. Williams

954

791-1701

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

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TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

V&R Bolden Family Enterprise, 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:

401 Northwest 15th Avenue
Fort Lauderdale, FL 33311

PO Box 899
Fort Lauderdale, FL 33302

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:

Tommy L. Bolden

Name

401 Northwest 15th Avenue

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

<u>Fort Lauderdale</u>	<u>FL</u>	<u>33311</u>
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.

Tommy L. Bolden

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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RECORDS & CLERK OF STATE
TALLAHASSEE, FL

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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

Name and Address:

AMBR

Tommy L. Bolden

401 Northwest 15th Avenue

Fort Lauderdale, FL 33311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/14/2024. (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:

Tommy L. Bolden

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.

Tommy L. Bolden

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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 MAY 14 AM 9:47

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