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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

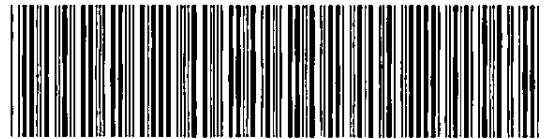
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W24000131814

Office Use Only



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24 SEP 13 PM 12:57

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2024

ROSETTA FLOWERS
5933 FLORADALE DRIVE
JACKSONVILLE, FL 32209 US

SUBJECT: CINDY AND ROSIE EVENT SOIREES AKA CARES LLC
Ref. Number: W24000131814

We have received your document for CINDY AND ROSIE EVENT SOIREES AKA CARES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Matthew H Hitchcock
Regulatory Specialist II

Letter Number: 224A00021052

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2024

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5933 FLORADALE DRIVE
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Regulatory Specialist II

Letter Number: 224A00021052

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24 SEP 13 PM 12:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2024

ROSETTA FLOWERS
3933 FLORADALE DRIVE
JACKSONVILLE, FL 32209 US

SUBJECT: CINDY AND ROSIE EVENT SOIREES AKA CARES LLC
Ref. Number: W24000131814

We have received your document for CINDY AND ROSIE EVENT SOIREES AKA CARES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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Matthew H Hitchcock
Regulatory Specialist II

Letter Number: 224A00021052

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Candy and Rosie Event Soirees
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:

Rosetta Flowers
Name of Person

Candy and Rosie Event Soirees AKA CARES LLC
Firm/Company

5933 Floradale Drive
Address

Jacksonville, FL 32209
City/State and Zip Code

Rosetta_ortiz@yahoo.com
E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosetta Flowers at (904) 437-2527
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:

Cindy and Rosie Event Soirees n' CARES 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:

5933 Floradale Drive
Jacksonville, FL 32209

Mailing Address:

5933 Floradale Drive
Jacksonville, FL 32209

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:

Rosetta Flowers

Name

5933 Floradale Drive Jacksonville, FL 32209

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

Jacksonville

FL

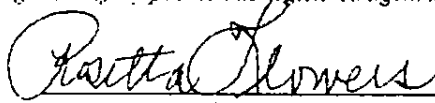
32209

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)

24 SEP 13 PM 12:57

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CORPORATIONS

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:

Rosetta Flowers AMBR

5933 Floradale Drive
Jacksonville, FL 32209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 29, 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:



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.

Rosetta Flowers

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)