L25000033991

1.28.25

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
25 JAN 15 PM 1:00

COVER LETTER

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

SUBJECT: IMAGINE KITCHENS, 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:

JAYNE BARTH
Name of Person

IMAGINE KITCHENS, LLC
Firm/Company

4535 HUNTINGTON ROAD
Address

JACKSONVILLE, FLORIDA 32210
City/State and Zip Code

JAYNE BARTH @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAYNE BARTH at (904) 708-3332
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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05 JAN 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

IMAGINE KITCHENS, 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:**
4535 HUNTINGTON ROAD JACKSONVILLE, FLA. 32210	← same

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:

JAYNE BARTH
Name

4535 HUNTINGTON ROAD
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32210
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..

Jayne A Barth
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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: (Kitchen designer)
AMBR	JAYNE BARTH 4535 HUNTINGTON ROAD JACKSONVILLE, FLA 32210
MGR	STEVE BARTH 4535 HUNTINGTON ROAD JACKSONVILLE, FLA. 32210

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEB. 1, 2025 . (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.

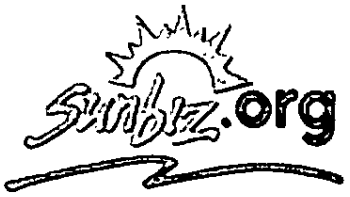
REQUIRED SIGNATURE:

Jayne A Barth

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.

JAYNE A BARTH
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)



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Entity Name List

Corporate Name	Document Number	Status
IMAGINE KITCHENS AND BATHS INC. ←	P05000162380	INACT
IMAGINE KIT HOMES LLC	L19000247940	InActive
IMAGINE KLEVER CORP	P23000057309	Active
IMAGINE LANDSCAPE DESIGN, LLC	L23000483059	INACT/UA
IMAGINE LANDSCAPE MAINTENCE AND INSTALLATION, LLC	L11000035714	INACT
IMAGINE LANDSCAPES INC.	P13000088147	INACT
IMAGINE LANDSCAPING LLC	L10000050620	INACT
IMAGINE LAPTOP, INC.	P06000132138	INACT
IMAGINE LAWN CARE, LLC	L06000046421	INACT
IMAGINE LEARNING, INC.	F10000001060	INACT
IMAGINE LEARNING LLC	M20000011599	Active
IMAGINE LEARNING CENTER, INC.	P05000049891	Active
IMAGINE - LEON COUNTY, LLC	L07000071732	INACT
IMAGINELI CORPORATION	P04000111620	INACT
IMAGINE LIFE, LLC	L17000124963	Active
IMAGINE LIFE INC.	P09000027295	INACT
IMAGINE LIFE COACHING LLC	L18000018049	InActive
IMAGINE LIFE AND HEALTH LLC	L11000007734	Active
IMAGINE LIFE AND HEALTH BOCA LLC	L13000034670	Active
IMAGINE LIFE IMPORTANT GROUP, INC.	N17000011905	NAME HS

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