

P24 000005580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

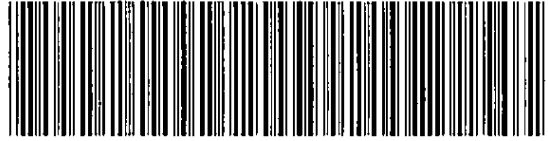
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2024 JAN 16 AM 11:10
TALLAHASSEE, FLORIDA
2024
2. F-110-110

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 _____

AUTHORIZATION SIGNATURE: _____

_____ K & A Insurance Agency LLC

BUSINESS

Document

____ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

____ Certified copy of articles of incorporation

____ Certified of Status

____ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

X Limited Liability

____ Domestication

____ Other

____ **CORP**

AMMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Merger

____ **Conversion**

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing

____ Limited Partnership

____ Reinstatement

____ Other

EXAMINER'S INITIALS: _____

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___ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: K & A INSURANCE AGENCY LLC
Ref. Number: W24000006900

We have received your document for K & A INSURANCE AGENCY LLC. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 024A00001207

RECEIVED
2024 JAN 22 PM 3:48
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: K & A Insurance Agency 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:

Kierra Flood
Name of Person

2903 nw 60th Ave Apt 313
Address

Sunrise fl 33313
City/State and Zip Code

Insurancemadesimple23@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kierra Flood at (**954**) **4981946**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input 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:

K & A Insurance Agency 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:

Kierra Flood

2903 NW 60th Ave Apt 313

Sunrise, FL 33313

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:

Kierra Flood

Name

2903 nw 60th Ave Apt 313

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

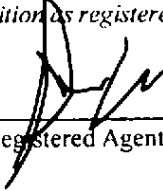
Sunrise fl 33313

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

MGR

Name and Address:

Kierra Flood

2903 nw 60th Ave Apt 313 sunrise fl 33313

(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.

Kierra Flood

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)

2024 JUN 21 PM 1:11