

L25000033991

11.28.25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

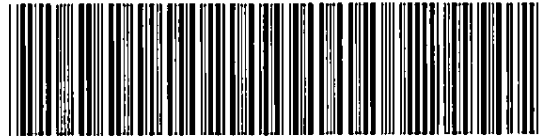
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/15/25--01006--007 \*\*160.00

FILED  
SECRETARY OF STATE  
25 JAN 15 PM 1:00  
CORP. DIV.

**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

FILED  
CLERK OF STATE  
JAN 15 PM 1:00  
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 Barth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
CLERK OF STATE  
25 JAN 15 PM 1:00

**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.

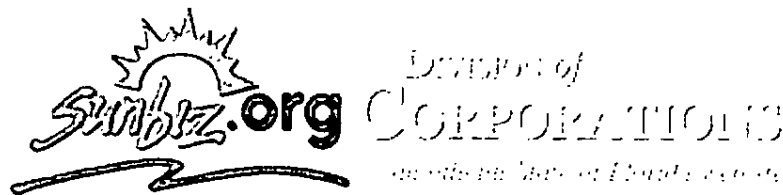
JAYNE A BARTH  
Typed or printed name of signer

**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)



Department of State / Division of Corporations / Search Records / Search By Entity Name /

[Next List](#)

imagine kitchens **LLC**

## Entity Name List

Corporate Name	Document Number	Status
<u>IMAGINE KITCHENS AND BATHS INC.</u> ←	P05000162380	<b>INACT</b>
<u>IMAGINE KIT HOMES LLC</u>	L19000247940	InActive
<u>IMAGINE KLEVER CORP</u>	P23000057309	Active
<u>IMAGINE LANDSCAPE DESIGN, LLC</u>	L23000483059	INACT/UA
<u>IMAGINE LANDSCAPE MAINTENCE AND INSTALLATION, LLC</u>	L11000035714	INACT
<u>IMAGINE LANDSCAPES INC.</u>	P13000088147	INACT
<u>IMAGINE LANDSCAPING LLC</u>	L10000050620	INACT
<u>IMAGINE LAPTOP, INC.</u>	P06000132138	INACT
<u>IMAGINE LAWN CARE, LLC</u>	L06000046421	INACT
<u>IMAGINE LEARNING, INC.</u>	F10000001080	INACT
<u>IMAGINE LEARNING LLC</u>	M20000011599	Active
<u>IMAGINE LEARNING CENTER, INC.</u>	P05000049891	Active
<u>IMAGINE - LEON COUNTY, LLC</u>	L07000071732	INACT
<u>IMAGINE LI CORPORATION</u>	P04000111620	INACT
<u>IMAGINE LIFE, LLC</u>	L17000124963	Active
<u>IMAGINE LIFE INC.</u>	P090000027295	INACT
<u>IMAGINE LIFE COACHING LLC</u>	L18000018049	InActive
<u>IMAGINE LIFE AND HEALTH LLC</u>	L11000007734	Active
<u>IMAGINE LIFE AND HEALTH BOCA LLC</u>	L13000034670	Active
<u>IMAGINE LIFE IMPORTANT GROUP, INC.</u>	N17000011905	NAME HS

[Next List](#)

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