

625000066680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

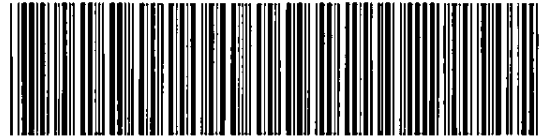
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MS

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Thank you Seth Neeley

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
 \_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
 \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
 \_\_\_\_\_ L.C. File \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
 \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
 \_\_\_\_\_ Merger File \_\_\_\_\_  
 \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
 \_\_\_\_\_ RA Resignation \_\_\_\_\_  
 \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
 \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
 \_\_\_\_\_ Cert. Copy \_\_\_\_\_  
 \_\_\_\_\_ Photo Copy \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Status \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
 \_\_\_\_\_ Corp Record Search \_\_\_\_\_  
 \_\_\_\_\_ Officer Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
 \_\_\_\_\_ Vehicle Search \_\_\_\_\_  
 \_\_\_\_\_ Driving Record \_\_\_\_\_  
 \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
 \_\_\_\_\_ Courier \_\_\_\_\_

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Signature

Requested by:

Name	Date	Time
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Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Colors of the C's 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:

Kate Grant  
Name of Person

CKG Maintenance and Management, LLC  
Firm/Company

7444 SW 14<sup>th</sup> Place  
Address

North Lauderdale FL 33326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kate Grant at (913) 915-7231  
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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Colors of the C's LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7444 SW 14<sup>th</sup> Place  
North Lauderdale FL  
33304

Mailing Address:

1007 N Federal Hwy  
Suite 82  
Fort Lauderdale FL  
33326

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:

Kate Grant  
Name  
7444 SW 14<sup>th</sup> Place  
Florida street address (P.O. Box NOT acceptable)  
North Lauderdale FL 33326  
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..

/s/

[Signature]  
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

MGR

AMBR

AMBR



(Use attachment if necessary)

**Name and Address:**

Kate C Grant  
7400 SW 14th Place  
North Lauderdale FL 33324

Gemar Grant  
7400 SW 14th Place  
North Lauderdale FL 33324

Nicola James Bird  
173 Brookwood Ave  
Tuxedo NY 10987

Judith Monroe  
1007 W Federal Hwy Suite 22  
Fort Lauderdale Florida  
33304

**ARTICLE V:** Effective date, if other than the date of filing: Feb 14<sup>th</sup> 2025 (OPTIONAL)

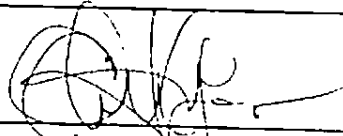
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

/s/



**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.

Kate C Grant

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)