

L01000000570

Lisa A. Seward, BS, LMT  
126 3rd Ave N Ste 206  
Safety Harbor, FL 34695  
MA0010898 / MM0009065

W-01000000317

800003515248--9  
-12/28/00--01017--002  
\*\*\*\*100.00 \*\*\*\*100.00

1/9

Office Use Only

MJH

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. <sup>\$125.00</sup> 00855-02827-00676-00671  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN -9 PM 1:29

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

800003515248--9  
-01/10/01--01030--002  
\*\*\*\*25.00 \*\*\*\*25.00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 5, 2001

LISA A. SEWARD, BS, LMT  
126 3RD AVE. N., SUITE 206  
SAFETY HARBOR, FL 34695

SUBJECT: SEWARD'S HOLISTIC HEALING CENTER, LLC  
Ref. Number: W01000000317

We have received your document for SEWARD'S HOLISTIC HEALING CENTER, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 101A00000628

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: *Seward's Holistic Healing Center, LLC*

### ARTICLE II - Address:

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

*126 3RD AVE. N.  
SUITE 204  
SAFETY HARBOR FL 34695*

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

*LISA A. SEWARD*  
Name  
*2971 Estancia Blvd 220*  
Florida street address (P.O. Box **NOT** acceptable)  
*CLEARWATER FL 33761*  
City, State, and 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 608, F.S.*

*Lisa A. Seward*  
Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Lisa A. Seward*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*LISA A SEWARD*  
Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN -9 PM 1:29