

L05000014441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

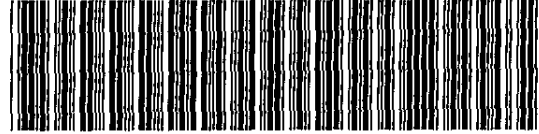
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

05 FEB 11 AM 11:19

DIVISION OF REGISTRATION

05 FEB 11 AM 11:12

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholistic Mental Health 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:

Jackie Robinson
(Name of Person)

Wholistic Mental Health LLC
(Firm/Company)

P O Box 147
(Address)

Midway, FL 32343
(City/State and Zip Code)

For further information concerning this matter, please call:

Jackie Robinson at (850) 443-4146
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wholistic Mental Health, LLC

ARTICLE II - Address:

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

Principal Office Address:

370 Rozena Loop
Havana, FL 32333

Mailing Address:

P.O. Box 147
Midway, FL 32343

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

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

Jaquie Robinson
Name

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

Havana FL 32333
City, State, and Zip

FILED
05 FEB 11 AM 11:10
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jackie Robinson
370 Rozena Loop
Havana, FL 32333

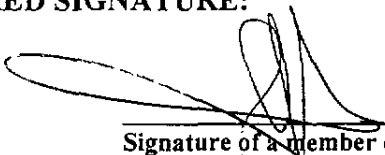
MGRM

Charles Robinson
370 Rozena Loop
Havana, FL 32333

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Jackie Robinson
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)

SECTION 608.408(3), FLORIDA STATUTES
TALLAHASSEE, FLORIDA

05 FEB 11 AM 11:19

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