

LD0000062591

(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:

6/15/06

Office Use Only



500076097255

06/15/06--01026--002 **160.00

EFFECTIVE DATE:

6/15/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 15 PM 4: 06

APPROVED
AND
FILED

Massage Therapy by Tammy, LLC

Tamara Jackson

Massage Therapy by Tammy, LLC

350 Henry Avenue

Wewahitchka, FL 32465

Tamara Jackson

850

639-5800

☐☐☐☒

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Massage Therapy by Tammy, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," 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:

350 Henry Avenue

Wewahitchka, FL 32465

Mailing Address:

350 Henry Avenue

Wewahitchka, FL 32465

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:

Tamara Jackson

Name

354 North 4th Street

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

Wewahitchka, FL 32465

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..

Tamara Jackson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

06 JUN 15 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

Tamara Jackson

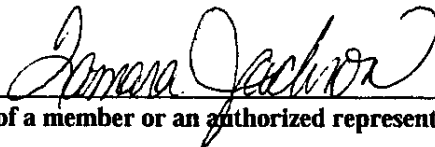
P.O. Box 534

Wewahitchka, FL 32465

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 15, 2006. (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.)

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.)

TAMARA JACKSON
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)

APPROVED
AND
FILED
06 JUN 15 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA