

L11000118546

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(City/State/Zip/Phone #)

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11 OCT 17 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

St. Colligan OCT 18 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doulas of the Palm Beaches, 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:

Jennifer T Johnson

Name of Person

Doulas of the Palm Beaches, LLC

Firm/Company

6540 Sargasso Way

Address

Jupiter/FL 33458

City/State and Zip Code

r3kidz@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer T Johnson

Name of Person

at (561) 889-7072

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2011

JENNIFER T. JOHNSON
6540 SARGASSO WAY
JUPITER, FL 33458

SUBJECT: DOULAS OF THE PALM BEACHES, LLC
Ref. Number: W11000050821

We have received your document for DOULAS OF THE PALM BEACHES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 311A00022685

October 12, 2011

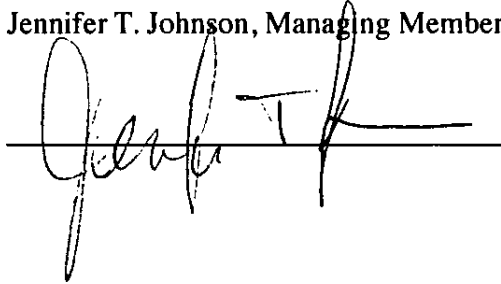
SUBJECT: DOULAS OF THE PALM BEACHES

Ref. Number: W11000050821

This letter is to advise you that we have no intention of revoking our dissolution and therefore we release the name for use to another entity.

If you have any questions please call me at (561) 748-8108 or (561) 889-7072

Jennifer T. Johnson, Managing Member

A handwritten signature in black ink, appearing to read "Jennifer T. Johnson", is written over a horizontal line.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Doulas of the Palm Beaches, LLC

(Must end with 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:

6540 Sargasso Way
Jupiter, FL 33458

Mailing Address:

6540 Sargasso Way
Jupiter, FL 33458

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:

Jennifer T Johnson

Name

6540 Sargasso Way

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

Jupiter, FL, 33458

City, State, and Zip

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SECRETARY OF STATE
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..



Registered Agent's Signature (REQUIRED)

(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

Tina Camilleri

1660 Renaissance Commons Blvd

Unit 2208 Boynton Beach, FL 33426

MGRM

Jennifer T Johnson

6540 Sargasso Way

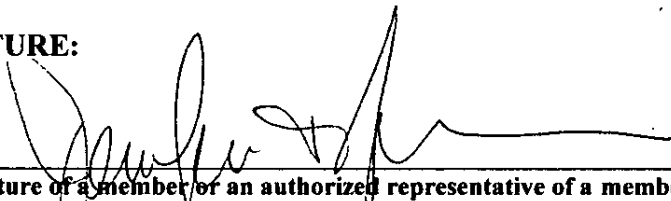
Jupiter, FL 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. 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.)

Jennifer T Johnson

Typed or printed name of signee

FILED
11 OCT 17 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)