

L12000021492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

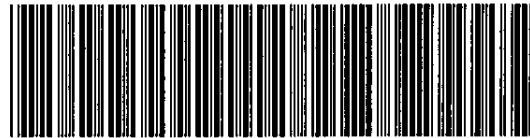
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
2/15/12

02/13/12--01032--015 **125.00

FILED
12 FEB 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. Ryan FEB 14 2012

Sandra Fuentes Blavia
1504 Bay Road
Apt 620
Miami Beach, Florida 33139
305-606-0182

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Enclosed please find the articles of organization I wish to file along with the appropriate filing fee. The above name, address and phone number should be used as my contact information.

Thank you in advance for your prompt attention to this matter,

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Fuentes Blavia", written in dark ink.

Sandra Fuentes Blavia

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Akasha Wellness, 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:

1504 Bay Road

Apt 620

Miami Beach, FL 33139

Mailing Address:

1504 Bay Road

Apt 620

Miami Beach, FL 33139

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:

Antonio Blavia

Name

1504 Bay Road, Apt 620

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

Miami Beach

FL 33139

City, State, and Zip

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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

Sandra Fuentes Blavia

1504 Bay Road, Apt 620

Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/15/2012 (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.)

Sandra Fuentes Blavia

Typed or printed name of signer

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)

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