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_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

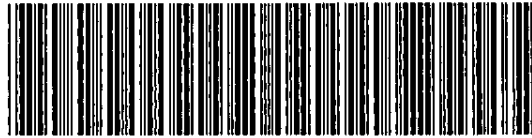_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: URBAN TREEHOUSE And Body BAR, L.L.C.

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:

Christine L. Robertson, R.N.

Name of Person

Urban Treehouse Massage and Body Bar, L.L.C.

Firm/Company

1114 Central Avenue

Address

St. Petersburg, Florida 33705

City/State and Zip Code

Christinebaribachmann@gmail.com

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

For further information concerning this matter, please call:

ChristineL.Robertson at (727) 259-8274

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)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Urban Treehouse massage and Body Bar, L.L.C. /

<p style="text-align:center">(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")</p>

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **Mailing Address:**

1114 Central Avenue   _1114 Central Avenue_
St. Petersburg, FL 33705   _St. Petersburg, FL 33705_

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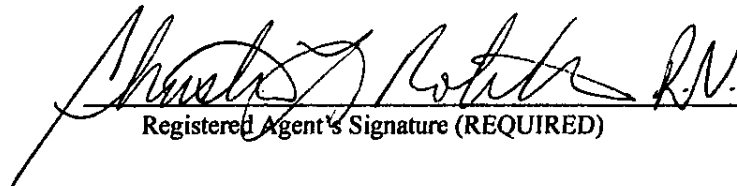
The name and the Florida street address of the registered agent are:

Christine L. Robertson, R.N.
<p style="text-align:center">Name</p>

4915 14th Avenue North
<p style="text-align:center">Florida street address (P.O. Box NOT acceptable)</p>

St. Petersburg, FL 33710
<p style="text-align:center">City, State, and Zip</p>

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..

<p style="text-align:center">Registered Agent's Signature (REQUIRED)</p>

<p style="text-align:center">(CONTINUED)</p>

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
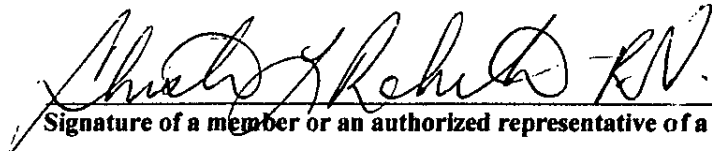"MGRM" = Managing Member

Name and Address:

MGR

Christine L. Robertson, R.N.
4915 14th Avenue North
St. Petersburg, FL 33710-6020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 31, 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.)

Christine L. Robertson, R.N.
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)