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(Business Entity Name)

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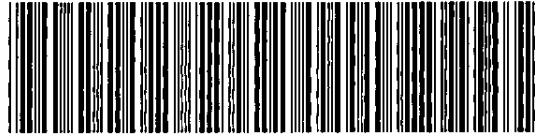
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen JUL 30 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: themidwifeplan.com, 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:

Ann A. Geisler

Name of Person

TheMidwifePlan.com, LLC

Firm/Company

2475 Reed Ellis Road

Address

Osteen, FL 32764

City/State and Zip Code

ageisler@themidwifeplan.com

anngeisler2012@gmail.com

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

For further information concerning this matter, please call:

Ann A. Geisler

at (407) 491 4007

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

themidwifeplan.com, 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:

2475 Reed Ellis Road
Osteen, FL 32764

Mailing Address:

2475 Reed Ellis Road
Osteen, FL 32764

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:

Orlando Mustang, LLC

Name

2475 Reed Ellis Road

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

Osteen

FL 32764

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)

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

"MGR" = Manager
 "MGRM" = Managing Member

Ann A. Geisler
2475 Reed Ellis Road
Osteen, FL 32764

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

REQUIRED SIGNATURE:

Ann A Geisler

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.)

Ann A. Geisler

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)