

L13000003626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

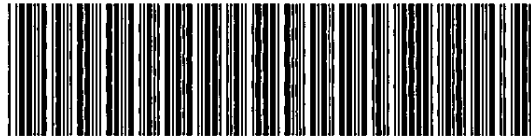
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/07/13--01022--020 \*\*160.00

Effective Date

1/5/13

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN - 7 AM 11:05

JAN - 8 2013  
T. HAMPTON

**LINDSAY ANN WILSON, LMT**

38119 – 5<sup>TH</sup> Avenue  
Zephyrhills, FL 33542  
Tel. 813-322-3900  
Cell 813-479-5218

December 1, 2012

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

RE: Addictive Massage, LLC

Dear Ma'am/Sir:

The enclosed Articles of Organization and fees are submitted for filing with you, to open the above-referenced LLC, with an Effective date of January 5, 2013.

Please return all correspondence concerning this matter to me at the address shown above. My email address for future annual report notifications is: LindsayWilson.LMT@gmail.com

If you need anything further please do not hesitate to call me on my cell phone number shown above.

The enclosed filing fees represent: \$160.00 for Filing Fee, Certificate of Status and Certified Copy with additional copy. I have enclosed a return envelope for your convenience. Thank you kindly for your assistance and happy holidays to you.

Very truly yours,

  
Lindsay Wilson

LW/ab

Effective Date

1/5/13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ADDICTIVE MASSAGE, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **ADDICTIVE MASSAGE, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of Addictive Massage, LLC, is:

38119 - 5<sup>th</sup> Avenue, Zephyrhills, FL 33542

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent of Addictive Massage, LLC, is:

**Matthew Shane Wilson, 38610 - 12<sup>th</sup> Avenue, Zephyrhills, Florida 33542**

*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, Florida Statutes.*

  
Registered Agent Signature

(CONTINUED)  
(PAGE 1 OF 2)

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**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

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

**Title:**

**Name and Address:**

MGR/Manager

Lindsay Ann Wilson

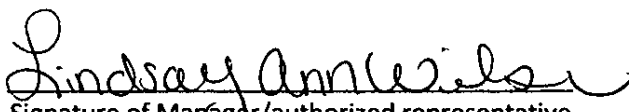
38610 – 12<sup>th</sup> Avenue

Zephyrhills, FL 33539

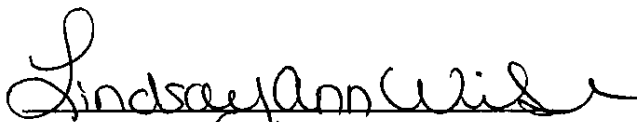
***(Note: there are NO other Managers or Managing Members)***

**ARTICLE V – EFFECTIVE DATE**

The Effective Date of this Limited Liability Company is January 5, 2013.

  
Signature of Manager/authorized representative

***(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.)***

  
Signature of Manager/authorized representative  
Typed/printed name: Lindsay Ann Wilson

**Filing Fees Enclosed: \$160.00**

\$125 – Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy

\$5.00 Certificate of Status

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