

✓  
**L13000101463**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

W13-33206, Name not Avail

Office Use Only



**600248487506**

06/06/13--01010--012 \*\*125.00

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2013 JUL 16 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 17 2013

EXAMINER

**Maddox Wellness, LLC**  
Natalie Maddox Rougie, MGRM  
1310 S. Howard Ave.  
Tampa, FL 33606

June 4, 2013

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

**RE: Document #: L11000108155**  
**Maddox Wellness, LLC**

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the limited liability corporation, Maddox Wellness, LLC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,



Natalie Maddox Rougie  
Managing Member

NM/db

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TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maddox Wellness, 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:

Natalie Maddox Rougie

Name of Person

Maddox Wellness, LLC

Firm/Company

1310 S. Howard Ave

Address

Tampa, FL 33606

City/State and Zip Code

aru.ron@gmail.com

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

For further information concerning this matter, please call:

Ron Porat

Name of Person

at ( 813 ) 870-0060

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

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TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Maddox 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:

1310 S. Howard Ave  
Tampa, FL 33606

### Mailing Address:

1310 S. Howard Ave  
Tampa, FL 33606

## 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:

Ron Porat

Name


6702 N Gunlock Ave

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

Tampa, FL 33614

City, State, and Zip

*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)

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SECRETARY OF STATE

**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

Natalie Maddox Rougie

1190 E Washington St #S206

Tampa, FL 33602

\_\_\_\_\_

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2013 JUL 16 PM 4:32  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

(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:**

*Natalie Maddox Rougie*

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.)

Natalie Maddox Rougie

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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2013

NATALIE MADDOX RONSIE  
1310 S. HOWARD AVENUE  
TAMPA, FL 33606

SUBJECT: MADDOX WELLNESS, LLC  
Ref. Number: W13000033206

FILED  
2013 JUL 16 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MADDOX WELLNESS, LLC and your check(s) totaling \$125.00. 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L11000108155.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 913A00014359