

L14000 069729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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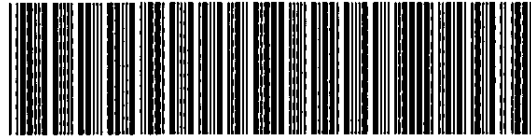
(Business Entity Name)

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2014 APR 25 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 30 2013

T. HAMPTON

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Healing Blossom, 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:

**Natalia Morrison**

Name of Person

**Healing Blossom, LLC**

Firm/Company

**8830 SW 123rd Court, Apt. 401**

Address

**Miami, FL 33186**

City/State and Zip Code

**natalia.g.morrison@gmail.com**

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

For further information concerning this matter, please call:

**Natalia Morrison** at ( **305** ) **609-4987**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF  
Healing Blossom, LLC**

**ARTICLE I – Name:** The name of the Limited Liability Company is: Healing Blossom, LLC.

**ARTICLE II – Mailing Address:** The mailing address of the Limited Liability Company is:

8830 SW 123<sup>rd</sup> Court, Apt. 401  
Miami, FL 33186

**ARTICLE III – Street Address:** The street address of the principal office of the Limited Liability Company is:

8830 SW 123<sup>rd</sup> Court, Apt. 401  
Miami, FL 33186

**ARTICLE IV – Registered Agent:** The registered agent and the street address of the registered agent of the Company in the State of Florida shall be:

Natalia -Morrison  
8830 SW 123<sup>rd</sup> Court, Apt. 401  
Miami, FL 33186

**ARTICLE V – Membership:** The Limited Liability Company shall have a single member; the sole member of the Limited Liability Company is:

Natalia Morrison  
8830 SW 123<sup>rd</sup> Court, Apt. 401  
Miami, FL 33186

These Articles of Organization may be amended only by Articles of Amendment that have been properly executed by Natalia Morrison.

**ARTICLE VI – Management:** The Limited Liability Company shall be managed by its sole member.

**ARTICLE VI – No Personal Liability:** The sole member of the Limited Liability Company shall not be personally liable or responsible for any contracts, debts or defaults of the Limited Liability Company while acting for, or on behalf of, the Limited Liability Company in any official or authorized capacity.

IN WITNESS WHEREOF, the undersigned member has executed the foregoing Articles of Organization as of the 25 day of April, 2014

Name of Member: Natalia Morrison

Signature: \_\_\_\_\_

*Natalia Morrison*

FILED  
2014 APR 25 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE ACCEPTING DESIGNATION AS  
AN AGENT UPON WHOM SERVICE OF PROCESS  
WITHIN THIS STATE MAY BE SERVED**

The following is submitted pursuant to Section 608.415 of the Florida Statutes:

Having been appointed registered agent of Healing Blossom, LLC in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that she is familiar with, and accepts, the obligations of such position.

Natalia Morrison  
Natalia Morrison

Date: 04/25/2014

**FILED**  
2014 APR 25 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA