

#L 14000130439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 19 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 20 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2014

FRANCESCA GAFFREY
18 WEST AVE "B", UNIT 2
MELBOURNE, FL 32901

SUBJECT: TOUCH OF HEAVEN LLC
Ref. Number: W14000040824

We have received your document for TOUCH OF HEAVEN 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.

The document number of the name conflict is P01000111770 "TOUCH OF HEAVEN, INC.".

Please print the name of the registered agent.,

P01000111770 "TOUCH OF HEAVEN, INC."

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 014A00014262



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

FRANCESCA GAFFREY 2ND MAILING
945 SONESTA AVE, UNIT H105
PALM BAY, FL 32905

SUBJECT: TOUCH OF HEAVEN LLC
Ref. Number: W14000040824

We have received your document for TOUCH OF HEAVEN 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):

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Karen A Saly
Regulatory Specialist II

Letter Number: 814A00015568

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Touch of Heaven 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:

Francesca Gaffney
Name of Person

Francesca Gaffney
- 945 Sonesta Avenue
Palm Bay Florida 32905
City/State and Zip Code

TouchofheavenLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francesca Gaffney at (321) 265-2057
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:

Touch of Heaven Massage Plus 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:

18 West Avenue "B"
Melbourne Florida 32901

Mailing Address:

945 Sonesta Avenue
Palm Bay FL 32909
Unit H105

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:

Mike Jones
Name

1900 Post Rd # 112
Florida street address (P.O. Box **NOT** acceptable)

MELBOURNE FL 32935
City 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 605, F.S..

Michael E Jones
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR- Joseph Davenport
945 Sonesta Avenue
Palm Bay FL 32905

AMBR- Francesca Gaffney
945 Sonesta Avenue
Palm Bay FL 32905

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Francesca Gaffney

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)

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TALLAHASSEE, FLORIDA