Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000202213 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number

: (800)293-4075

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

CHERUL@ gentlegenesis con

FLORIDA LIMITED LIABILITY CO.

Gentle Genesis Birth Doula and Education Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

1/2

08/27/2014 4:21:42 PM -0400 POWERED BY ORCAFAX

PAGE 2 OF 3 FILED 2014 AUG 27 AM 9: 23

H14000202215 RETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Gentle Genesis Birth Doula and Education Services, 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 pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
24147 Painter Drive Land O Lakes, FL 34639	24147 Painter Drive Land O Lakes, FL 34639		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re-	s its own Registered Agent. You must designate an individual orgistration.)		
Cheryl Waterbury			
Citeryi vvaterbury	Name		
24147 Painter Driv Florida street address (I	VE P.O. Box <u>NOT</u> acceptable)		

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..

Registered Meent's Signature (REQUIRED)

Cheryl Waterbury

(CONTINUED)

Page 1 of 2

H14000202213

"AMBR" = Authorized Member "MGR" = Manager MGR	Cheryl Waterbury 24147 Painter Drive Land O Lakes, FL 34639
MGR	24147 Painter Drive
	Land O Lakes, FL 34639
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d	
date of filing.)	• • • • • • • • • • • • • • • • • • • •
TICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Materines
Signature of a member	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document
	he penalties of perjury that the facts stated herein are true.

Page 2 of 2

Cheryl Waterbury
Typed or printed name of signee