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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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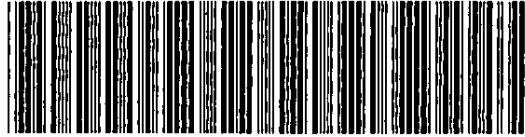
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAY 21 2015
J. HARRIS

THOMAS M. EGAN
CHARTERED
LAWYER

2107 SE 3rd Avenue
Ocala, FL 34471

Telephone:
(352) 629-7110
(352) 629-6696 fax

May 14, 2015

Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

Re: Hands of Grace Massage & Wellness Center, LLC

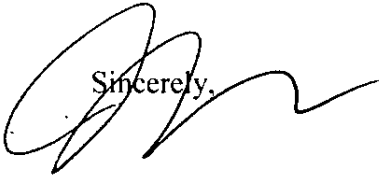
Dear Clerk:

Enclosed you will find the following regarding the above referenced matter.

1. Original Articles of Organization
2. Copy to conform and return
3. Client Ck#7328 in the amount of \$125.00 for the filing fees

Please file accordingly. If you have any questions, our email address is: tom@egan.pro

Sincerely,



Melinda McKay
Encl.

ARTICLES OF ORGANIZATION
OF
HANDS OF GRACE MASSAGE & WELLNESS CENTER, LLC

The undersigned, hereby certify association for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and communities of limited liability companies for profit. It is further declared that the following Articles shall be the Charter and authority for the conduct of business of said limited liability company.

ARTICLE I

NAME

The name of this limited liability company shall be HANDS OF GRACE MASSAGE & WELLNESS CENTER, LLC, and its principal place of business shall be in Ocala, County of Marion, State of Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE II

PURPOSES AND POWERS

The general nature of the business or businesses to be transacted in which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida and the powers of said limited liability company, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes.
2. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things hereinbefore set forth to the same extent as a natural person might or could do.

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3. To purchase or otherwise acquire, undertake, carry on, improve, or develop, all or any of the business, good will, rights, assets, and liabilities of any person, firm, association, or corporation carrying on any kind of business of a similar nature to that which this limited liability company is authorized to carry on, pursuant to provisions of this certificate; and to hold, utilize, or in any manner dispose of the rights and property so acquired.

4. To enter into and make all necessary contracts for its business with any person, entity, partnership, association, corporation, domestic or foreign, or of any domestic or foreign state, government, or governmental authority, or of any political or administrative subdivision, or department thereof, and to perform and carry out, assign, cancel, rescind any of such contracts.

5. To exercise all or any of the limited liability company powers and to carry out all or any of the purposes, enumerated herein otherwise granted or permitted by law, while acting as agent, nominee, or attorney-in-fact for any persons or corporations, and perform any service under contract or otherwise for any corporation, joint stock company, association, partnership, firm, syndicate, individual, or other entity, and in such capacity or under such arrangement to develop, improve, stabilize, strengthen, or extend the property and commercial interest thereof, and to aid, assist, or participate in any lawful enterprises in connection therewith or incidental to such agency, representation, or service, and to render any other service or assistance insofar as it lawfully may under the laws of the State of Florida, providing for the formation, rights, privileges, and communities of limited liability companies for profit.

6. To do everything necessary, proper, advisable, or convenient for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, either alone or in association with others incidental

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pertaining to, or going out of, or connected with its business or powers, provided the same shall not be inconsistent with the laws of the State of Florida.

7. The several clauses contained in this statement of the general nature of the business or businesses to be transacted shall be construed as both purposes and powers of this limited liability company, and statements contained in each clause shall, except as otherwise expressed, be in no wise limited or restricted by reference to or inference from the terms of any other clause. They shall be regarded as independent purposes and powers.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the limited liability company to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

ARTICLE III

LIMITED LIABILITY COMPANY MANAGEMENT

Pursuant to Section 605.0304 Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company, solely by virtue of being a member. The name and address of the Authorized Member is Maureen Whitaker, 2605 NE 3rd Street, Ocala, Florida 34470.

ARTICLE IV

EXISTENCE

This limited liability company shall exist perpetually, or until dissolved in a manner provided by law, or as provided in the Regulations adopted by the members.

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ARTICLE V

PRINCIPAL PLACE OF BUSINESS

The principal office of this limited liability company shall be located in the City of Ocala, County of Marion, State of Florida, and the post office address of said principal office of the corporation shall be 2605 NE 3rd St. Ocala, FL 34470. The mailing address shall be the same. The Company's email address for purposes of notifications is:
moreeniyogini@gmail.com .

ARTICLE VI

INITIAL REGISTERED OFFICE

The street address of the initial registered office is 2605 NE 3rd St. Ocala, FL 34470, and the name of the initial registered agent at that office is Maureen Whitaker.

The undersigned, being the original member of the foregoing limited liability company, hereby certifies that the foregoing constitutes the Articles of Organization of Hands of Grace Massage & Wellness Center, LLC. WITNESS my hand and Seal this ____ day of May, 2015, affirming under penalty of perjury that all facts stated herein are true.

Maureen Whitaker
MAUREEN WHITAKER

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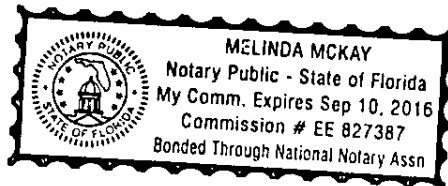
STATE OF FLORIDA
COUNTY OF MARION

Before me this day personally appeared Maureen Whitaker, who produced
known for identification and who executed the foregoing instrument, and
acknowledged before me that she executed the same for the purposes therein expressed,
this 14 day of May, 2015, and they did not take an oath.



Notary Public

My Commission Expires:



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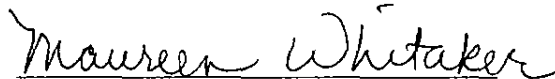
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 605.0113, Florida Statutes, the following is
submitted, in compliance with said Act:

First -- That Hands of Grace Massage & Wellness Center, LLC, desiring
to organize under the laws of the State of Florida with its principal office, as indicated in
the articles of organization at City of Ocala, County of Marion, State of Florida, has
named Maureen Whitaker, located at 2605 NE 7th Street, Ocala, FL 34470, County of
Marion, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated
limited liability company, at place designated in this certificate, I hereby accept to act in
this capacity, and agree to comply with the provision of said Act relative to keeping open
said office.


Maureen Whitaker
Registered Agent

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