

L1500071828

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Stress Free with Whitney, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	024
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Stress Free with Whitney, 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:

Whitney Hawkins

Name of Person

Stress Free with Whitney, LLC

Firm/Company

2000 S. Dixie Highway, Ste. 104

Address

Tampa, FL 33133

City/State and Zip Code

kevinh@midfinance.com

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

For further information concerning this matter, please call:

Teresa A McIntyre,

813

227-2249

at ( )

Name of Person

Area Code

Daytime Telephone Number

H15000241500 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Stress Free with Whitney, 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:****Mailing Address:**2000 S. Dixie Highway, Ste. 104  
Miami, FL 331332000 S. Dixie Highway, Ste. 104  
Miami, FL 33133**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:

Kevin Hawkins

Name

4592 Ulmerton Road, Ste. 200Florida street address (P.O. Box **NOT** acceptable)ClearwaterFL33762

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 Agent's Signature (REQUIRED)

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Page 1 of 2

H15000241500 3

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H15000241500 3

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

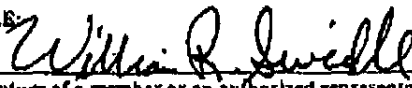
"MOR" = Manager

AMBR**Name and Address:**Whitney Hawkins2000 S. Dixie Highway, Ste. 104Miami, FL 33133\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.William R. Swindle

Typed or printed name of signer

**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)

H15000241500 3