L15000178349

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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EFFECTIVE DATE

2015 OCT 12 AH 10: 53 SECRETARY OF STATE TALLAHASSEE, FLORIN,

COVER LETTER

TO:

Registration Section

Di	vision of Corporations		
SUBJECT:	Gentle Care Massage Center "LLC	J."	
SUBJECT	Name of I	Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the f	ollowing:
	Haiyan Wang		
		Name of	Person
	Gentle Care Massage Center "LLC"		
		Firm/Co	npany
	2060 Aberdeen Lane apt 102		
		Addre	ess
	Naples Florida 34109		
h	aiyan1@comcast.net	City/State and	l Zip Code
	E-mail address: (to be us	ed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
!	Haiyan Wang	239	405 5011
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certific	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	(Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

. ARTICLES O	FORGANIZATION FOR	R FLORIDA LIMI	TED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liabili	ty Company is:		21 1415	PISOCT 12 AM 10:53 AHASSEE, FLORIGE
Gentle Care Massag	e Center "LLC."		147	AHACE Y OF 10:53
		ed Liability Comp	oany, "L.L.C.," or "LLC.")	SEE FISTATE
ARTICLE II - Address: The mailing address and street a	•	office of the Lim	ited Liability Company is:	EFFECTIVE DATE
<u>Princip</u>	al Office Address:		Mailing Address:	
2060 Aberdeen Lane			2060 Aberdeen Lane apt 102	
Naples Florida 3410	9	<u>1</u>	Naples Florida 34109	
another business entity with an The name and the Florida street	•	•		
		Name		
	2060 Aberdeen Lar	ne apt 102		
	Florida street addre	ess (P.O. Box <u>NO</u>	T acceptable)	
	Naples	Fl	34109	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	. I hereby accept the aprovisions of all statutes bligations of my position	pointment as regi relating to the pro n as registered ag	r the above stated limited liability of stered agent and agree to act in this oper and complete performance of ent as provided for in Chapter 605. Tangler (REQUIRED)	s capacity. I my duties, and I
		(CONTINUE	CD)	

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Haiyan Wang
	2060 Aberdeen Lane apt 102
	Naples Florida 34109
····	
fective date is listed, the date mus	he date of filing: 01/01/2016 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than a fective date is listed, the date must of filing.)	t be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department. LE VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be rement of State's records.
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department. LE VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b rtment of State's records.
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department's continuous of the date of the Department's effective date on the Department's effective date.	t be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be triment of State's records.
LE V: Effective date, if other than rective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department's effective date on the De	t be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be rement of State's records.
EV: Effective date, if other than rective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department's effective date on the Depa	yan Wang of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. In y false information submitted in a document to the Department of State and garage and garage and garage fellows a provided for in s.817.155, F.S.
EV: Effective date, if other than rective date is listed, the date must of filing.) If the date inserted in this block do ment's effective date on the Department's effective date on the Depar	es not meet the applicable statutory filing requirements, this date will not be retirent of State's records. Yan Wang of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.

and the same