

L15000188593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

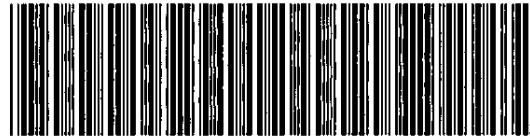
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500278663545

11/03/15--01010--017 **160.00

EFFECTIVE DATE

1-1-16

FILED
2015 NOV -3 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 9 2015
T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PavoWell, 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:

Phyllis Tynes-Saunders

Name of Person

PavoWell, LLC

Firm/Company

6450 SW 144th Street

Address

Miami, Florida 33158

City/State and Zip Code

ptspts@bellsouth.net

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

For further information concerning this matter, please call:

Phyllis Tynes-Saunders

305

2830343

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

PavoWell, 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:

409 Julia Street

Key West, Florida 33040

Mailing Address:

6450 SW 144th Street

Miami, Florida 33158

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:

Elayne Frazier

Name

10345 SW 151st Terrace

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

33176

City

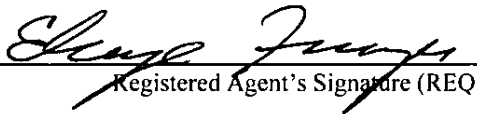
State

Zip

EFFECTIVE DATE

1-1-16

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 Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Lynsey Saunders

700 SW 62nd Boulevard, Apt. L142

Gainesville, Florida 32607

AMBR

Ilissa Matthews

819 Auburn Hills Drive, Apt. E

Indianapolis, Indiana 46224

AMBR

Phyllis Tynes-Saunders

6450 SW 144th Street

Miami, Florida 33158

AMBR

Isa Matthews

9854 Secret Cove Lane

Orlando, Florida 32832

(Use attachment if necessary)

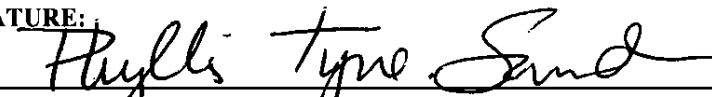
ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(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.

Phyllis Tynes-Saunders

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)

Article IV Attachment:

AMBR

Lilah Saunders
3700 SW 27th Street Apt. D104
Gainesville, Florida 32608