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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	T: Healing Massage Winter Park LLC Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	COLLEEN GROON Name of Person	-
	COLLEGN GARDON  Name of Person  HEALING MASSAGE WINTER PARK LLC	_
	Firm/Company	
	127 W. Fairbanks Ave #292 Address	_
	Winter Park A 32789	_
	Winter Park # 32789  City/State and Zip Code  Massage winter Park @ 9 Mail o Com  E-mail address: (to be used for future annual report notification)	-
For further i	information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
<b>3</b> 8125.00 F	Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}\$\text{S155.00 Filing Fee & Certificate of Status}\$\text{Certified Copy}\$\text{(additional copy is enclosed)}\$\text{Certified Copy}\$\text{(additional copy is enclosed)}\$	
	Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAPASSEE, PRORIDA	•
	15 NOV -6 PH 4: 08	
Healing Massage Winter Park (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:	

FILED

_ 127 W Fairbanks Ave #292	Same
Winter Park FL 32789	

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:

Healing for Peta UC

Name

115 BERWYN RD

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

ORLANDO FL 32806

City State Zip

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)

Page 1 of 2

<u>Title:</u>		Name and Address:	
AMBR" = Auth			
MGR" = Manag		COLLERN GORDON	
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ARTICLE IV-