

L16000015351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

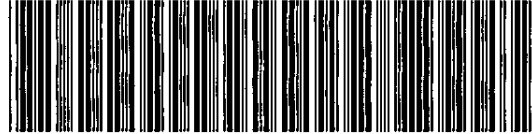
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 JAN 13 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

11

Law Offices of
MARK SCHLEBEN
Attorney and Counselor at Law
Email: mooselaw@msn.com

Telephone: (727) 443-3600
Facsimile: (727) 446-7593

1423 S. Ft. Harrison Avenue
Clearwater, Florida 33756

January 8, 2016

Florida Department of State
New Filing Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: WONSOME PROPERTIES, LLC

Good Day:

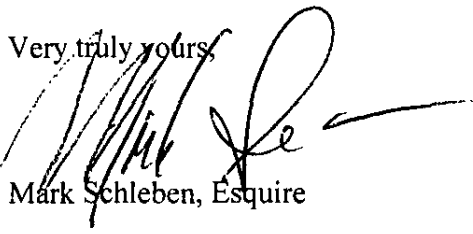
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Mark Schleben, Esquire
Law Office of Mark Schleben
1423 South Fort Harrison Avenue
Clearwater, FL 33756
Email: mooselaw@msn.com and franku@hydromassage.com

For further information concerning this matter, please call Mark Schleben, Esquire at 727-443-3600.

I am enclosing a check in the amount of \$130.00 for Filing Fee and Certificate of Status.

Very truly yours,



Mark Schleben, Esquire

MS:ja
Encls.

cc: Frank Urino

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wonsome Properties, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

15395 Roosevelt Blvd.
Clearwater, FL 33760

Mailing Address:

15395 Roosevelt Blvd.
Clearwater, FL 33760

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:

MARK SCHLEBEN

Name

1423 So. Ft. Harrison Ave.

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

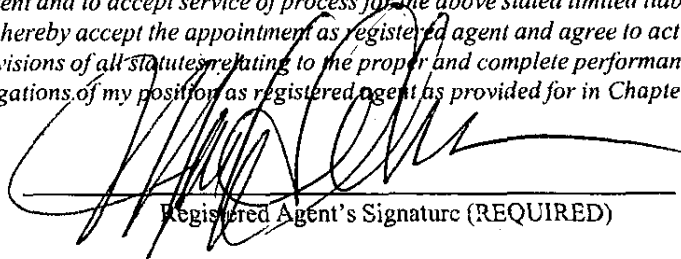
Clearwater FL 33756

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)

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TALLAHASSEE FLORIDA

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:

Frank Urino
15395 Roosevelt Blvd.
Clearwater, FL 33760

(Use attachment if necessary)

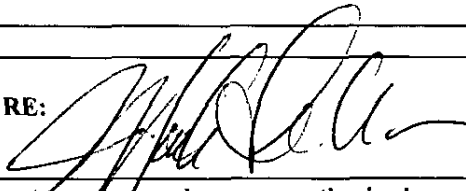
ARTICLE V: Effective date, if other than the date of filing: n/a (OPTIONAL)

(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.

MARK SCHLEBEN

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)