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STATE BAR ASSOCIATION
DIVISION OF CORPORATIONS
16 MAY 23 AM 9:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2016

KELLY TA & KEN TRAN
6503 KEELING PLACE RD.
LOUISVILLE, KY 40291

SUBJECT: DESTIN BEACH THERAPY, L.L.C.
Ref. Number: W16000007776

We have received your document for DESTIN BEACH THERAPY, L.L.C. and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

Your SIGNATURE is required on your check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 916A00002337

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin Beach Therapy
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:

Kelly Ta & Ken Tran
Name of Person

Firm/Company

6503 Keeling Place Rd
Address

Louisville, KY 40291
City/State and Zip Code

tuans8335@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Ta at (502) 432-9541
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

16 FEB -1 PM 4:33
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Destin Beach Therapy, L.L.C
(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:

956 Scenic Gulf Dr, Unit #114
Miramar Beach, FL 32550

Mailing Address:

6503 Keeling Place Rd
Louisville, KY 40291

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:

~~Destin Beach Therapy, L.L.C.~~ Kelly Ta
Name
~~956 Scenic Gulf Dr, Unit #114~~ 956 Scenic Gulf Dr.
Florida street address (P.O. Box NOT acceptable) Unit # 114
~~Miramar Beach, FL 32550~~ Miramar Beach, FL
City State Zip 32550

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..

Kelly Ta
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 23 AM 9:50

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Tiffany Kitz

12213 Emerald Coast Pkwy, Suite 28

Miramar Beach, FL 32550

820-208-2324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-27-16 (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:

Kelly A. TA

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.

KELLY A. TA

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)