

L16000128083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

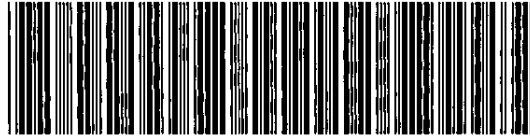
Certified Copies _____ Certificates of Status _____

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LAW OFFICES OF

MARSHAL D. GIBSON
PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN
TAXATION (FLORIDA)

ONE CENTURY TOWER
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510
TEL: 203-562-8080
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM
WEBSITE: MARSHALDGIBSON.COM

NEW YORK OFFICE
230 PARK AVENUE, SUITE 1000, PMB 1072
NEW YORK, NY 10169

June 28, 2016

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

RE: Grace Filled Wellness LLC

Dear Sir/Madam:

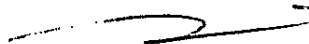
Enclosed please find Articles of Organization for Florida Limited Liability Company and a xerox copy of same along with a check in the amount of \$155.00 for filing fee and certified copy fee.

Please return the certified copy to me in the enclosed self-addressed envelope.

If you have any questions, please do not hesitate to call me.

Thank you.

Sincerely,



Marshal D. Gibson

MDG/jav
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRACE FILLED WELLNESS 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:

Marshal D. Gibson

Name of Person

Marshal D. Gibson, PC

Firm/Company

265 Church Street Suite 504

Address

New Haven, CT 06510

City/State and Zip Code

MGIBTAX@aol.com

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

For further information concerning this matter, please call:

Marshal D. Gibson

203

562-8080

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:

GRACE FILLED WELLNESS 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:

7403 Hamilton Road
Bradenton, FL 34209

Mailing Address:

7403 Hamilton Road
Bradenton, FL 34209

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:

Susan A. Metcalf

Name

7403 Hamilton Road

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

Bradenton

FL

34209

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.

Susan A. Metcalf

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

Managing Member

Name and Address:

Susan A. Metcalf

7403 Hamilton Road

Bradenton, FL 34209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

Susan A. Metcalf

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)