

16000149215

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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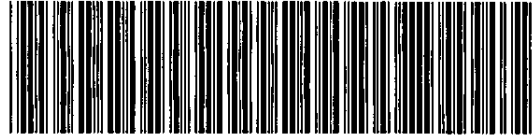
Special Instructions to Filing Officer:

Office Use Only

W16000149215

AUG 11 2016

R. SCOTT



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16 AUG - 8 AM 11:40

8/3/16
~~Phone~~
Corrections made
Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

MARY SUSAN BATES
2780 OCEAN SHORE BLVD 75
ORMOND BEACH, FL 32176

SUBJECT: SUSAN BATES HYPNOTHERAPY, L.L.C.
Ref. Number: W16000051962

We have received your document for SUSAN BATES HYPNOTHERAPY, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 116A00015613

15 AUG -8 PM 3:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Susan Bates Hypnotherapy
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:

Mary Susan Bates
Name of Person

Susan Bates Hypnotherapy
Firm/Company

2780 Ocean Shore Blvd. 7S
Address

Ormond Beach FL 32176
City/State and Zip Code

susanbatesh@ccht@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Bates at 443 618-9047
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:

Susan Bates Hypnototherapy, 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:

2780 Ocean Shore Blvd. 7S
Ormond Beach, FL 32176

Mailing Address:

2780 Ocean Shore Blvd 7S
Ormond Beach FL 32176
Beach

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:

Mary Susan Bates
Name
2780 Ocean Shore Blvd. 7S
Florida street address (P.O. Box **NOT** acceptable)
Ormond Beach FL 32176
City State Zip
Beach

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.

Mary Susan Bates
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG - 8 AM 11:40

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Mary Susan Bates
2780 Ocean Shore Blvd. 7S
Ormond Beach, FL 32176

(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:

Mary Susan Bates

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.

Mary Susan Bates

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)