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Office Use Only



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V HERRING JAN 3 1 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Living Well E.O. LLC Name of Li	E/N imited Liability Company	81-4990694
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Julie A Stough	Name of Person	
Living Well E.O. LLC	Firm/Company	
4937 Benton St	Address	
Lake Wales, FL 33859	City/State and Zip Code	
livingwelleo@gmail.com E-mail address: (to be us	ed for future annual report notifica	ition)
For further information concerning this matter, pl	ease cali:	
Julie A Stough at (407 388 57 Area Code Daytime Tel	25-Y lephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 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 Registration Section	Street/Courier Add Registration Section	TESS

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIAB

4937 Benton St

Lake Wales

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	2017 JAN 30 PM 4: 13
, , ,	TALLAHASSEE, FLORIDA
Living Well E.O. LLC (Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4937 Benton St Lake Wales, FL 33859	4937 Benton St Lake Wales, FL 33859
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as is another business entity with an active Florida regi	ts own Registered Agent. You must designate an individual or
The name and the Florida street address of the reg	istered agent are:
Julie A Stough	Name
4027 Ponton St	

Fft En

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..

FL 33859

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

City

(CONTINUED)

Registered Agent's Signature (REQUIRED

Page 1 of 2

EIN 81-4990694

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Julie A Stough
	4937 Benton St
	Lake Wales, FL 33859
MGR	Frederick Holmes
	4837 Benton St
	Lake Wales, FL 33859
ective date is listed, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
EV: Effective date, if other than the date of	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
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EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under	aber or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false informs	ther or an authorized representative of a member. O203 (1) (b), Florida Statutes, the execution of this document
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E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Julie A Stough	aber or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State

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LIVING WELL E O JULIE ANN STOUGH MBR 4837 BENTON ST

4837 BENTON ST Lake Wales Fl 33859

002336

Date of this notice: 01-20-2017

Employer Identification Number: 81-4990694

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4990694. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

01/17/2017

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2013. Please file your return(s) by 02-06-2017. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.