

L17000046006

(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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17 MAR - 1 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/02/17

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amy's Spa Treats 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:

Amy Callaway  
Name of Person

Amy's Spa Treats LLC  
Firm/Company

5112 Serena Dr  
Address

Tampa, FL 33617  
City/State and Zip Code

amycallaway89@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Callaway at ( 813 ) 431 0497  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

Amy's Spa Treats 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:

Mailing Address:

5112 Serena Dr  
Tampa, FL 33617

5112 Serena Dr  
Tampa, FL 33617

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:

Amy Callaway

Name

5112 Serena Dr

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

Tampa

City

FL 33617

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..*

Amy Callaway

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE  
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

MGR

**Name and Address:**

Amy Callaway

5112 Serena Dr

Tampa, FL 33617

xxM2Title\*

xxM2Name\*

xxM2PhysAdd1\*

xxM2PhysAdd2\*

xxM3Title\*

xxM3Name\*

xxM3PhysAdd1\*

xxM3PhysAdd2\*

xxM4Title\*

xxM4Name\*

xxM4PhysAdd1\*

xxM4PhysAdd2\*

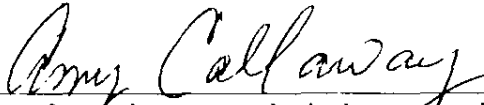
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Amy Callaway

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)**

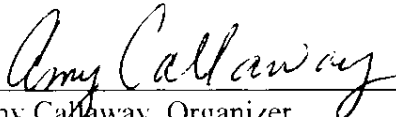
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CLERK OF STATE  
TALLAHASSEE FLORIDA

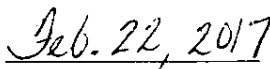
Amy's Spa Treats LLC  
5112 Serena Dr  
Tampa, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Amy's Spa Treats LLC:

Amy Callaway  
5112 Serena Dr  
Tampa, FL 33617

  
\_\_\_\_\_  
Amy Callaway, Organizer

  
\_\_\_\_\_  
Date