

L180000 84250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

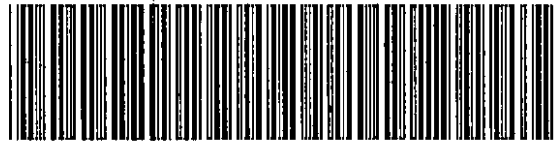
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000311193160

04/03/18--01014--008 \*\*155.00

FILED

2018 APR -3 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2018

T. SCOTT

**ARTICLES OF ORGANIZATION**

**of**

**PEACE OF MIND METHOD, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Peace of Mind Method, LLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

1701 Follow Thru Rd N  
St. Petersburg, FL 33710

The organization's mailing address shall be as follows:

1701 Follow Thru Rd N  
St. Petersburg, FL 33710

FILED  
2018 APR -3 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Erika Shannon  
1701 Follow Thru Rd N  
St. Petersburg, FL 33710

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.



**Erika Shannon, Registered Agent**

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Erika Shannon  
1701 Follow Thru Rd N  
St. Petersburg, FL 33710

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Erika Shannon  
1701 Follow Thru Rd N  
St. Petersburg, FL 33710

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

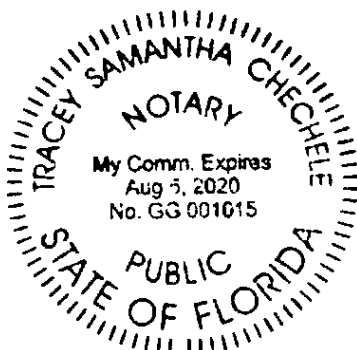
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 30<sup>th</sup> day of March, 2018

Erika Shannon  
Erika Shannon

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Erika Shannon, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. Dr. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 30<sup>th</sup> day of March, 2018



Tracey Samantha Checchi  
Notary Public, State of Florida at Large  
My Commission Expires: