

# L18000245164

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

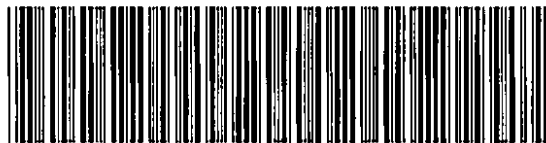
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: THERASSAGE BODYWORKS, 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:

AUSTIN CLAY BAKER

Name of Person

THERASSAGE BODYWORKS, LLC

Firm/Company

5020 SUNRIDGE PALMS DRIVE #101

Address

TAMPA, FL 33617

City/State and Zip Code

aru.renewal@gmail.com

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

For further information concerning this matter, please call:

RON PORAT 813 870-0060  
Name of Person at ( ) 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:

THERASSAGE BODYWORKS, LLC

(Must contain 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:

5020 SUNRIDGE PALMS DRIVE #101  
TAMPA, FL 33617

Mailing Address:

5020 SUNRIDGE PALMS DRIVE #101  
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:

AUSTIN CLAY BAKER

Name

5020 SUNRIDGE PALMS DRIVE #101

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

TAMPA

FL

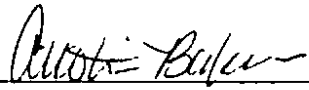
33617

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**Therassage Bodyworks, LLC**  
Austin Clay Baker, Manager  
5020 Sunridge Palms Drive #101  
Tampa, FL 33617

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July 31, 2018

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

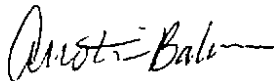
RE: Document #L15000139090  
Therassage Bodyworks, LLC

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the limited liability corporation, Therassage Bodyworks, LLC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Avenue, Tampa, FL 33614. He can be reached via phone at (813)870-0060.

Sincerely,



Austin Clay Baker  
Manager

ACB/db

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

AUSTIN CLAY BAKER

5020 SUNRIDGE PALMS DRIVE #101

TAMPA, FL 33617

AMBR

HUNTER A. TUCK

5020 SUNRIDGE PALMS DRIVE #101

TAMPA, FL 33617

(Use attachment if necessary)

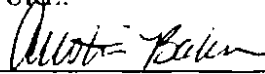
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

AUSTIN CLAY BAKER

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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