

# L1900051294

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6391

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
RAISING WELLNESS LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 03       |
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

RAISING WELLNESS LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

920 18TH AVENUE N

SAINT PETERSBURG, FLORIDA 33704

**ARTICLE III REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

SHELBY BUSQUE

920 18TH AVENUE N

SAINT PETERSBURG, FLORIDA 33704

*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.*

X /s/ Shelby Busque

SHELBY BUSQUE / Registered Agent's signature

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PAGE 2 RAISING WELLNESS LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

SHELBY BUSQUE

920 18TH AVENUE N

SAINT PETERSBURG, FLORIDA 33704

.....  
  
X        /s/ Shelby Busque

SHELBY BUSQUE / Authorized Representative's signature

*(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.)*