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(Requestor's Name)

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(City/State/Zip/Phone #)

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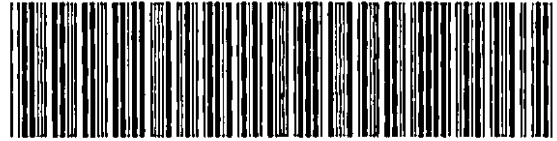
(Business Entity Name)

(Document Number)

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TALLMADGE, IOWA

N CULLIGAN

APR 30 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Unlimited Wealth Creation 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:

Dr Herline Locharol
Name of Person

Unlimited Wealth Creation LLC
Firm/Company

5314 Silver Star Rd
Address

Orlando FL 32808
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr Herline Locharol 561 506-0705
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

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

April 15th, 2019

Dr. Herline Lochard
5314 Silver start rd
Orlando FL 32808

To whom it may concerns.

This letter is to inform that we do not have any intention of using this corporation name which is Unlimited Wealth Creation Inc. We are requesting to have the name released to the public.

Thank you for the cooperation.

Regards,



Dr Herline Lochard

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unlimited Wealth Creation 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:
5314 Silver Star Rd
Orlando FL 32808

Mailing Address:
Same

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:

Dr. Helene Rochard
Name
5314 Silver Star Rd
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32808
City State Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lynn-Say Lockard
5341 W Atlantic Ave ste 30
Delray beach FL 33484

AMBR

Herline Lockard
5314 Silver Star Rd
Orlando FL 32808

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4.20.19 (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.

[Signature]
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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STATE OF FLORIDA
CLERK OF THE COURT