

U9000182991

(Requestor's Name)

---

(Address)

---

(Address)

---

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

07/26/19--01026--010 \*\*130.00

(Business Entity Name)

---

(Document Number)

**Special Instructions to Filing Officer:**

19 JUL 26 PM 33 20

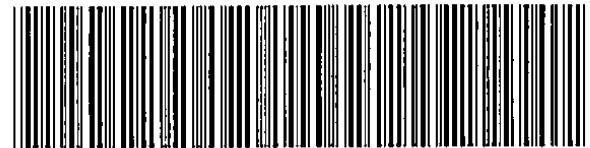
19 JUL 26 PH 2:19

FILED

Office Use Only

R KEMPLE

JUL 29 2019



100332395741

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

7/26/19

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS gs \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. She Who Rest LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: She Who Rest 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:

Jason Matthews

Name of Person

She Who Rest LLC

Firm/Company

301 W Platt St., #343

Address

TAMPA FL 33606

City/State and Zip Code

JMATT@TeamABV.com

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

For further information concerning this matter, please call:

Jason Matthews

Name of Person

at 412

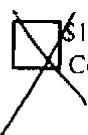
Area Code

414-4405

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:

She Who Rest LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

## ARTICLE II - Address:

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

**Principal Office Address:**

301 NW Platt St, #343  
TAMPA, FL 33606

**Mailing Address:**

SAMF

**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:

Jason Matthews

Name \_\_\_\_\_

301 W. Platte St. #343

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

TAMPA FL

8

33406

Zin

*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, E.S.*

  
John W. Miller  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

49 JUL 26 1970 PH 2:12

卷之三

**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:**

Jason Matthews

301 W Platt St, #343  
TAMPA, FL 33606

MGR

Julie C Matthews

301 W Platt St, #343  
TAMPA, FL 33606

(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.

Jason Matthews

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)

17 JULY 26 2016  
FLORIDA SECRETARY OF STATE  
TAMPA, FLORIDA

19 JUL 26 PH 2:16

FILED