

L20000073024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

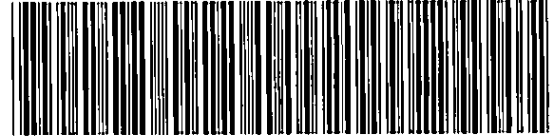
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000022853

Office Use Only



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02/12/20--01004--007 **135.00

FILED
20 FEB 24 PM 3:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2020

NAWAL ATHENA CHAKIR
806 S BLACK CHERRY DR
SAINT JOHNS, FL 32259

SUBJECT: NOLA HOLISTIC SPA LLC
Ref. Number: W20000022853

We have received your document for NOLA HOLISTIC SPA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 720A00004567

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NotA Holistic Spa 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:

Naval Athena Chakir
Name of Person

NotA Holistic Spa LLC
Firm/Company

806 South Black Cherry Dr
Address

Saint Johns Florida 32259
City/State and Zip Code

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

For further information concerning this matter, please call:

Naval Athena Chakir (904) 666-0385
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

**Electronic Articles of Organization for
Florida Limited Liability Company**

Article I

The Name Of the Limited Liability Company is:
NOLA Holistic Spa LLC

Article II

The Street Address for the Limited Liability Company is:
8847 San Jose Blvd
Jacksonville, FL 32217

The Mailing Address for the Limited Liability Company is:
806 south Black Cherry dr
Saint Johns 32259 Florida

Article III

The Name and Florida Street Address for Registered Agent:

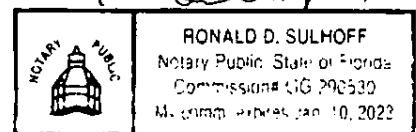
Nawal Athena Chakir

806 South Black Cherry dr

Saint Johns 32259 Florida

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the Street Address 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 all statues relating to the proper performance of my duties, and I knowingly accept the obligations of Registered Agent.

Registered Agent Signature: _____



Article IV

The Name and Address of Person(s) Authorized to Manage LLC:

Nawal Athena Chakir
806 Black Cherry Drive South
St. Johns, Fl 32259

Article V

The Effective Date of this LLC shall be:

Feb 18, 2020

Signature of Member or Authorized Representative:

I am a Member or Authorized Representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the LLC formation and every year thereafter to maintain active status.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Nawal Athena Chakir
806 S Blackcherry Dr
Saint Johns 32259 FLORIDA

(Use attachment if necessary)

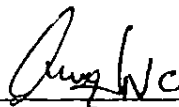
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Nawal Athena Chakir

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)