

# L2000073024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

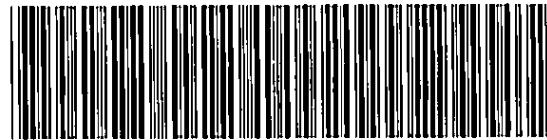
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W20000022853



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02/12/20--01004--007    +125.00

Office Use Only

20 FEB 24 PH 3:32  
FILER: J. B. JONES  
FALL ARKANSAS ARKANSAS



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:** Nola 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:

Nawal Athena Chakir  
Name of Person

Nola Holistic Spa LLC  
Firm/Company

806 South Black Cherry Dr  
Address

Saint Johns Florida 32259  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nawal 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:

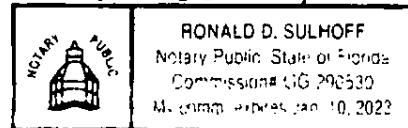
Nawal Athena Chakir

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 statutes 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 1<sup>st</sup> and May 1<sup>st</sup> 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 Black Cherry DR  
saint johns 32259 + Florida

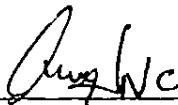
(Use attachment if necessary)

**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)**