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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES, INC.
Account Number : 120200000096
Phone : (407)298-3900
Fax Number : (407)298-0660

****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.

SANTIFIED HANDS, LLC.

Certificate of Status	1
Certified Copy	0
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June 15, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES INC.

SUBJECT: BLESSED HANDS LLC

REF: W20000060166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

DANIEL L. O'KEEFE
Regulatory Specialist II

FAX: And S. #: H20000178832
Letter Number: 620A00011760

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name::**

The name of the Limited Liability Company is:

SANTIFIED HANDS LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC").

ARTICLE II - Address:

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

**MAILING ADDRESS: 1939 SLOANE BLVD.
MELBOURNE, FLORIDA 32935****PHYSICAL ADDRESS: 1939 SLOANE BLVD
MELBOURNE, FLORIDA 32935****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:

**MARGARET MASSAY
1939 SLOANE BLVD
MELBOURNE, FLORIDA 32935**

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..



Registered Agent's Signature

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ARTICLE IV: Manager(s), or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

"MGRM" = Managing Member

MARGARET MASSAY: AMBR:

1939 SLONE BLVD

MELBOURNE, FLORIDA 32935

ARTICLE V: Effective date, if other than the date of filing: June 11, 20

(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.)



REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:

(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.)

MARGARET MASSAY

Typed or printed name of signee

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