

L20000237950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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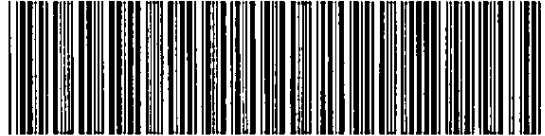
(Business Entity Name)

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2020 JUL 29 PM 2:20
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NOYA WELLNESS, 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:

DUSTIN M. JACKSON

Name of Person

BURGEON FINANCIAL GROUP, INC.

Firm/Company

1170 PEACHTREE ST. NE, SUITE 1200, 12FL

Address

ATLANTA, GA 30309

City/State and Zip Code

djackson@burgeonfinancial.com

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

For further information concerning this matter, please call:

DUSTIN M. JACKSON

Name of Person

at (404)

Area Code

234-2563

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE
TALLAHASSEE, FL

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ED

**ARTICLES OF ORGANIZATION
FOR
NOYA WELLNESS, LLC
(A FLORIDA LIMITED LIABILITY COMPANY)**

**ARTICLE I.
NAME OF THE LIMITED LIABILITY COMPANY**

The name of this Limited Liability Company is:

Noya Wellness, LLC

**ARTICLE II.
PRINCIPAL PLACE OF BUSINESS**

The principal place of business is:

7968 Camden Woods Dr.
Tampa, FL 33619

**ARTICLE III.
NAME & ADDRESS OF REGISTERED AGENT**

Howard Lloyd
7968 Camden Woods Dr.
Tampa, FL 33619

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.

Signed: _____

Howard Lloyd

**ARTICLE IV.
MANAGEMENT**

The Limited Liability Company will be member managed.

2020 JUL 29 PM 2:20
TALLAHASSEE, FL
STATE

**ARTICLE V.
AUTHORIZED MEMBERS & ADDRESS**

The Limited Liability Company members are:

Member 1: Howard Lloyd 7968 Camden Wood Dr. Tampa, FL 33619
Member 2: Ebony Vinson 7968 Camden Wood Dr. Tampa, FL 33619

**ARTICLE VI.
PURPOSE**

This entity is formed for the purpose of engaging in the practice of psychology and other mental health services regulated under licensure by the Florida Board of Psychology.

**ARTICLE VII.
Governance**

This Limited Liability Company will be governed according to its adopted operating agreement as set forth and agreed upon by its members.

**ARTICLE VIII.
Effective Date**

The effective date of this entity shall be August 1,

**ARTICLE IV.
SIGNING OF RECORDS AFFIRMATION**

These Articles of Organization are executed in accordance with section 605.0203, F.S. 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 section 817.155, F.S.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this 20th day of July, 2020.


Howard Lloyd, Member

2020 JUL 29 PM 2:20
FLORIDA DEPARTMENT OF STATE
JUL 29 2020