

10/27/2020

Division of Corporations

L20000331178

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000373277 3)))



H200003732773ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arohrbaugh15@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Indigo Rising Health & Wellness LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date:
10-28

FAX AUDIT # H20000373277 3

**ARTICLES OF ORGANIZATION
OF
Indigo Rising Health & Wellness LLC**

ARTICLE I NAME

The name of the limited liability company is: Indigo Rising Health & Wellness LLC

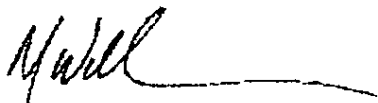
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
3791 W State Road 84 Unit 203, Davie, Florida 33312.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: _____

Date: *October 27, 2020**Mark Williams, A.V.P. Business Filings Incorporated***ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Angela Rohrbaugh, 3791 W State Road 84 Unit 203, Davie, Florida 33312

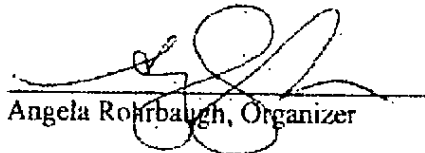
FAX AUDIT # H20000373277 3

FILED
2020 OCT 27 AM 8:45
CLERK OF DISTRICT COURT
DAVIE, FLORIDA

FAX AUDIT # H20000373277 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Angela Rohrbaugh, Organizer

Date: 10/27/2020

Authorized Representative

(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.)

FAX AUDIT # II20000373277 3

FILED
2020 OCT 27 AM 8:45
CLERK OF COURT
J. J. HARRIS
CLERK OF COURT