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## COVER LETTER

	ew Filing Sec ivision of Cor				
SUBJECT		RCE WELLNESS, L	LC		
Sonstre !	•	Name o	of Limited Lia	bility Company	<del></del>
The enclos	ed Articles of	Organization and feet	(s) are submit	ted for filing.	
Please retu	rn all correspe	ondence concerning th	is matter to th	ne following:	
	Laura Monte	jo			
			Name	of Person	
			Firm/	<b>С</b> отрапу	<del> </del>
	19940 SW 1.	ST Ct.			
			Ac	ddress	
	Miami, FL 3	3177			· · · EC 15
			City/State	and Zip Code	<u></u>
-	E	E-mail address: (to be	used for futu	re annual report notifica	tion)
For further in	nformation cor	ncerning this matter, p	olease call:		- G
	Laura Montej		786 nt (	853-3231 )	
	Name	e of Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for th	ne following amount:			
□\$125.00	Fiting Fee	□S130.00 Filing For Certificate of Statu	s Cer	155.00 Filing Fee & tified Copy fonal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallah 2415 N. Monroe Str Tallahassee, Fl. 3230	nassee ect, Suite 810

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	ELLNESS, LLC ntain the words "Limited	Liability Compa	uny, "L.L.C.," or "LLC.")		-
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lim	ited Liability Company is:		
Princi	pal Office Address:		Mailing Ado	lress:	
19940 SW 131 CT MIAMI. FL 33177			19940 SW 131 CT MIAMI, FL 33177		- -
ARTICLE III - Registered A; (The Limited Liability Compan another business entity with an	y cannot serve as its own	Registered Age	Agent's Signature: ent. You must designate an in	ndividual or	
The name and the Florida street	t address of the registered	l agent are:		ء ج	ara dec i
	Laura Montejo				)30
		Name			- 5
	19940 SW 131 CT				~·
Florida street address (P.O. Box NOT acceptable)			<u>.</u> .	PK 4: 05	
				न्या • •-	
	Miami, FL 33177			,	
	Miami, FL 33177 City	State	Zip	er- -	05

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	Laura Monteio 19940 SW 131 Ct Miami, FL 33177		<u></u>	
MGR	Christopher Monteio 19940 SW 131 Ct Miami, FL 33177			
			<u>_</u>	
			<u>—</u>	
(Use attachment if necessary)		٤.	. 853 653 543	
ARTICLE V: Effective date, if other than the c If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does n	specific and cannot be more than five busi	ness days prior to.o.	r 90day	
the document's effective date on the Departme	ent of State's records.			: :
ARTICLE VI: Other provisions, if any.	·	g w.	Ť.	•
	<del></del>			_
		<u></u>		_
REQUIRED SIGNATURE:				
This document is ext I am aware that any f	member or an authorized representative of cuted in accordance with section 605.0203 (also information subpatted in a document to gree felony as provided for in \$.817.155, F.S.	1) (b), Florida Statut the Department of St	ate	
<del></del> .	Typed of printed name of signee	Wantel (	)	
	Filing Fees:			

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)