

12/7/2020

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*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.

#### Living Ground Massage L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

DEC 28 2020

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Living Ground Massage L.L.C.

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

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:504 E 58th StJacksonville, Florida 322085452 GLENRIDGE DR NEAPT 671ATLANTA, GA 30342

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

A U

Name

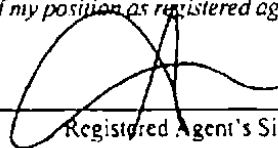
504 E 58th StFlorida street address (P.O. Box **NOT** acceptable)JacksonvilleFlorida32208

City

State

Zip

*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 (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

A U

504 E 58th St

Jacksonville, Florida 32208

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(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.

Powers and Purpose of Company: To organize the facilitation of professional massage practices and business. To acquire residential & commercial property for multi-use space to conduct ethical business within the field of therapeutic holistic health & wellness in a live-work environment. Is to be organized by A u, an unincorporated, government non-affiliate.

**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.

Cheyenne Mosley, Legalzoom.com, Inc.

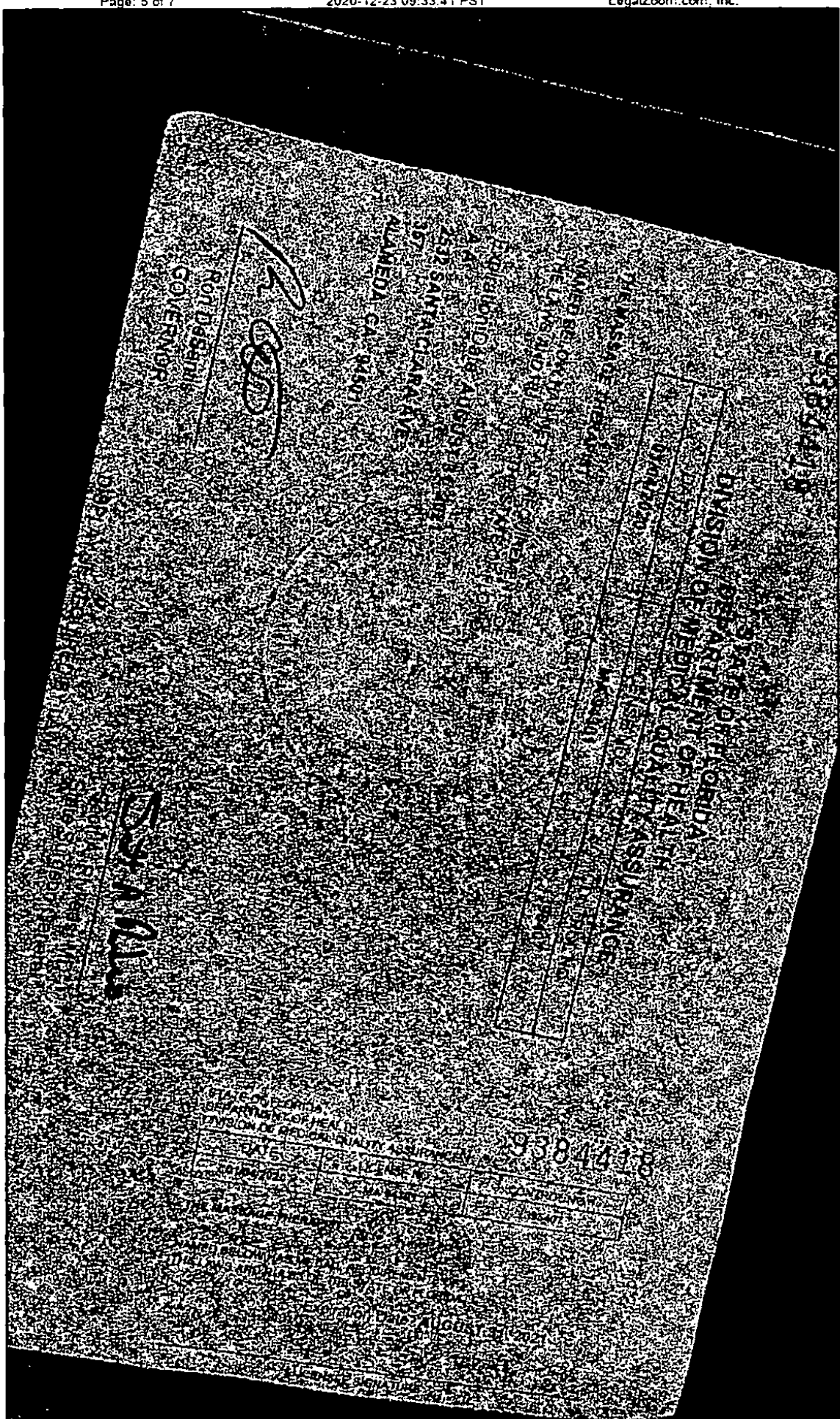
\_\_\_\_\_  
Typed or printed name of signee

**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)



850-617-6381

12/8/2020 11:04:42 AM PAGE 1/001 Fax Server



December 8, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALZOOM.COM INC.

/

SUBJECT: LIVING GROUND MASSAGE L.L.C.  
REF: W20000138890

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

Please list the complete first and last name of the registered agent and manager.

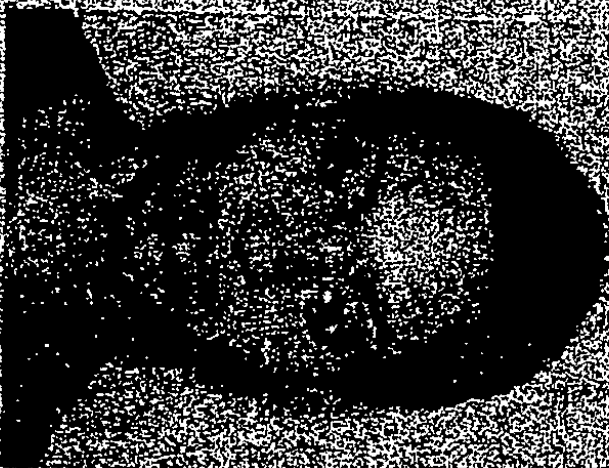
If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist IIFAX Aud. #: H20000417691  
Letter Number: 720A00024555

California

USA IDENTIFICATION  
CARD

FEDERAL  
LIMITS  
APPLY



ID: Y4595107

EXP: 02/09/2025

LN: U

FN: A

2532 SANTA CLARA AVE 357  
ALAMEDA, CA 94501

DOB: 02/09/1989

02091989

SEX: X

HAIR: AUB

EYES: BRN

HGT: 5'06"

WGT: 125 lb

ISS

ID: 02/17/201955643/000004A

07/17/2019