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To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

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

Email Address: Support@flpatellaw.com

#### FLORIDA LIMITED LIABILITY CO.

### Natural Force, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

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Help



## **COVER LETTER**

Friday, January 8, 2021

To: New Filing Section
Division of Corporation

## Subject: NATURAL FORCE, 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:

#### FL Patel Law PLLC

360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Jamie Primeau 727-279-5037 or e-mail at Support@flpatcllaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

#### **ARTICLES OF ORGANIZATION**

#### **FOR**

#### NATURAL FORCE, LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I.

Name

The name of the Limited Liability Company is: Natural Force, LLC (the "Company")

# ARTICLE II.

Address

The principal office and mailing address of the Company is:

841 Prudential Drive Ste 1200 Jacksonville, FL 32207

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes

FL Patel Law PLLC

(sign)

⊙ 01/11/2021 9:08 AM

## ARTICLE IV. Authorized Members and Managers

→ 18506176381

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address			
AMBR = Authorized Member MGR = Manager				
MGR	Justin Quinn 841 Prudential Drive Ste 1200 Jacksonville, FL 32207			
MGR .	Joseph Rakoski 841 Prudential Drive Ste 1200 Jacksonville, FL 32207			
ARTI	CLE V.	91. 1 A.H.	- 2821 JAN 1 1	
The Effective date shall be the date of filing.		335.V		i
(sign)		. Fit pak	PM 4:2"	į
This document is executed in accordance w I am aware that any false information subm	norized representative of a member. with section 605.0203 (1) (b), Florida Statutes, itted in a document to the Department of State as provided for in s.817.155, F.S.	<i></i>	27	
·	tin Quinn			
Authorized Repr	esentative/Member			