L2/WW10054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Localitent Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2020

JOLEYN CARRIVEAU 9079 4TH STREET N ST PETERSBURG, FL 33702

SUBJECT: HOME DENTAL 2 YOU, LLC

Ref. Number: W20000122385

We have received your document for HOME DENTAL 2 YOU, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document not comlete.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 420A00023794

www.sunbiz.org

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT:	HD2 G	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	iter to the following:	
Jo	leyn CARA	·.VEAU	
		Name of Person	
1-12	24,440		
· · · · · · · · · · · · · · · · · · ·		Firm/Company	
9079	145F	Firm/Company Address	
<u>.F</u>		Address	
5/,	Petersbur	14 FL 337	02
	C	ity'State and Zip Code	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information co	oncerning this matter, please	call:	
Joley Nan	TA CARRIVES (Lat.) ne of Person Ai	941. 120.5 rea Code Daytime Telephor	9/5 ne Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	73\$130.00 Filing Fee & Certificate of Status	El\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address Tling Section	Street Address New Filing Section D	ivision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 - Name:
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The name of the Limited Liability Company is:

(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:

9079 4 th St N

Sq no

St Peters burge FL

33702

ARTICLE III - Registered Agent, Registered Office, & 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

Joleyn CARRIVEAU

4661 Chaace Por St NE #247

Florida street address (P.O. Box NOT acceptable)

5t Po terr burg, FL 33703

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 myposition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M. G. M.	Hal Charellor St JE # 247 St Peters burg, FL 33703
	-
(Use attachment if necessary)	
If an effective date is listed, the date must be ne date of filing.)	date of filing:
RTICLE VI: Other provisions, if any,	Cit of this is recorded.
REQUIRED SIGNATURES	
	member or an authorized representative of a member.
This document is ex I am aware that any l	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, lalse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
This document is ex I am aware that any l constitutes a third de	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Dear Tyrone (SunBiz):

Please use the attached amended LLC application and \$160.00 fee for establishing my HD2U LLC.

After consulting with my accountant, I wanted to complete the Sunbiz application for my HD2U, LLC before the close of the 2020 tax year.

I have attempted to call and leave messages with no success.

Thank you, Joleyn

Joleyn Carriveau

RE: HD2U, LLC