

L21000108176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

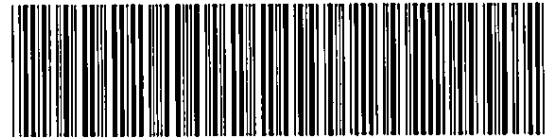
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAR 16 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FL

03/17 21-01001-012

DD

USA

2021 MAR 16 PM 4:03

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ataraxy & Statera 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:

Elena Reyes-Runyon
Name of Person

Ataraxy & Statera
Firm/Company

4432 Blue Bill Pass
Address

Tallahassee FL 32303
City/State and Zip Code

elenareyesrunyon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Reyes-Runyon (850) 933-0218
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 16 PM 4:21

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

Ataraxy & Statera LLC

(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:

4432 Blue Bill Pass
Tallahassee FL 32303

same

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:

Elena Reyes-Ruynon

Name

4432 Blue Bill Pass

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

Tallahassee FL 32303

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)

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

Name and Address:

"MGR" = Manager

AMBR

Elena Reyes-Ruiz

4432 Blue Bill Pass

Tallahassee FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE 5A: "Effective date," other than date of filing: _____ (OPTIONAL)

Notes: 1. If date is not 1/17, check does not meet the applicable statutory filing requirements; this date will not be posted as a 1/17 return on the 1/17 filing date. 2. If separation of State's records.

ARTICLE 51. Other provisions, if any. _____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:

This document is executed in accordance with section 605.0263 (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.

Elenci Reyes - Runyon

Typed or printed name of signer

Filing Fees:

* U.S. Patent and Trademark Office: Communications and Designation of Registered Agent.