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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Basilies Lilli, Name, | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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| TO: New Filit Division o | ig Section of Corporations | | |
|-----------------------------|---|---|--|
| | URALLY BLESSED HANDS | | |
| SUBJECT: | Name of Li | imited Liability Company | |
| The enclosed Articl | es of Organization and fee(s) a | are submitted for filing. | |
| Please return all cor | respondence concerning this n | natter to the following: | |
| FRANT | TZCIA E MATHELIER | | |
| - | | Name of Person | |
| _MC | Hurally Ble | essed hand | ds |
| 1301 Ni | E 7TH ST APT 106 | | |
| | | Address | |
| HALLA | NDALE, FL 33009 | | |
| naturallyt | Olessedhands 1025@gmail.com | City/State and Zip Code | |
| | E-mail address: (to be used | for future annual report notificat | ion) |
| For further information | n concerning this matter, pleas | e cail: | |
| FRANTZ | CIA MATHELIER 78 | 86 9856237 | |
| ? | Same of Person A | rea Code Daytime Telephon | e Number |
| Enclosed is a check f | or the following amount: | | : ::: :::: |
| □\$125.00 Filing Fee | : □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | E\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Nev Div P.O | iling Address v Filing Section ision of Corporations . Box 6327 lahassee, F1, 32314 | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32301 | ssee rt. Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | oility Company is: | | | |
|--|--|---|---|------------------------------|
| | LESSED HANDS LLC | iability Compar | ov. "E.L.C" or "ELC.") | |
| ARTICLE II - Address: The mailing address and street | | , | , | |
| <u>Prin</u> | zipal Office Address: | | Mailing Address: | |
| <u>13</u> 01 NE 7TH ST | 1301 NE 7TH ST APT 106 | | 601 NE 7TH ST APT 106 | |
| HALLANDALE. | | | ALLANDALE, FL 33009 | |
| | FRANTZCIA MATE 1301 NE 7TH ST AP Florida street address | Name Γ 106 | [acceptable] | |
| | HALLANDALE | FL | 33009 | |
| | City | State | Zip | |
| place designated in this certifica further agree to comply with the | te, I hereby accept the appo provisions of all statutes rel obligations of my position a | intment as regis. lating to the prop s registered age | the above stated limited liability convered agent and agree to act in this per and complete performance of mant as provided for in Chapter 605. I | capacity. I y duties, and |
| | ∵ | | | |

ARTICLE IV-

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 | FRANTZCIA MATHELIER |
| | 1301 NE 7TH ST APT 106 FL 33009 |
| | 4.52.2.2.3.3.3.2. |
| MCD | TOTAL A A SOUTH HAD |
| MGR | KETIA MATHELIER 1301 NE 7TH ST APT 106 |
| | FL. 33009 |
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| | |
| (Use attachment if necessary) | |
| the document's effective date on the Departme ARTICLE VI: Other provisions, if any, | of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. |
| , | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| M. O. I. I | |
| <u> 411100</u> | MINON |
| Signature of a | member or an authorized representative of a member. |
| This document is exc | euled in accordance with section 605.0203 (1) (b). Florida Statutes |
| I am dware that any fa | alse information submitted in a document to the Department of State, tree felony as provided for in s.817.155, F.S. |
| ¥,, | ; |
| <u> </u> | 1210 C. Mathelier 5 |
| , | Typed or printed name of signee |
| | |
| \$125.00 Killing Ran Fan Carlot in Co | Filing Fees; |
| \$ 30.00 Certified Copy (Optional | and an incommentation of receipt of the factor of the fact |
| \$ 5.00 Certificate of Status (Opt | |
| | |

NATURALLY BLESSED HANDS LLC FRANTZCIA ENMANUELA MATHELIER SOLE 1301 ME 7TH ST APT 106

HALLANDLE BCH, FL 33009

Date of this ortune: The Th

Employer (Lacht Files) 18.2 (Masser) 85-1787637

Form: 35-4

Number of this notice: CF 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AM EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer identification Number (EIN). We assigned you EIN 65-1797632. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIM. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association rawable as a corporation. If the LLC is eligible to be created as a corporation that meets serior tests and it will be electing 8 corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the 8 corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the interness call 1-800-829-3676 (TTY/TOD 1-800-829-4059) or visit your local IES office.

IMPORTANT REMINDERS:

- Thep a may of this notice in your permanent removes. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your till.
- The this BIN and your name exactly as they appear at the topic; thus notice is all your federal text forms.
- Pader to this EIR on your tax-related correspondence and documents.

If you are specially show from EID, you can read us at the parce number of while to us an the effect of from at the tip of this hold will be. If you write, please that of the mode at the oction of this native and rend it slong with we have there in your out to be if write up, the following and return the under

Your name number associated with this BIU is DATA. For will need to provide the uniperation, along with your BIU, if you till your retains eleminated.

Thank you fur your rooperstable



August 5, 2020

FRANTZCIA MATHELIER 1301 NE 7TH ST APT 106 HALLANDALE, FL 33009

SUBJECT: NATURALLY BLESSED HANDS LLC

Ref. Number: W20000085103

We have received your document for NATURALLY BLESSED HANDS 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):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

Please return 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.

WILLIAM LAWRENCE Regulatory Specialist II

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Letter Number: 820A00014667