

L21000202333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

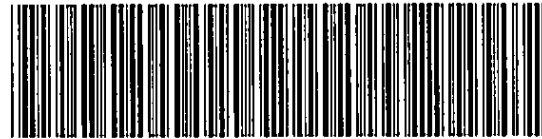
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Special Instructions to Filing Officer:

Office Use Only

W2000032309



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21 FEB -9 AM 6:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

CASSIE JOHANSEN
PO BOX 307
ROSELAND, FL 32957

SUBJECT: SUCCESSFUL TAILS, LLC
Ref. Number: W21000032305

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.

The registered agent must sign accepting the designation.

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

Alannah M Carranza
Regulatory Specialist II
New Filings

Letter Number: 121A00005018

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21 FEB -9 PM 6:07
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Successful Tails, 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:

Cassie Johansen

Name of Person

Successful Tails, LLC

Firm/Company

PO Box 307

Address

Roseland, FL 32957

City/State and Zip Code

successfultailstraining@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassie Johansen 772 925-5826
at ()
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

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DIVISION OF CORPORATIONS
21 FEB -9 PM 6:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SuccessfulTails, 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:

601 21st St.

Suite 300

Vero Beach FL 32960

PO Box 307

Roseland FL 32957

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:

United States Corporation Agents, Inc.

Name

5575 S Semoran Blvd, Suite 36

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

Orlando

FL

32822

(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.



Cheyenne Mosley, Asst. Secretary on behalf of
United States Corporation Agents, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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21 FEB - 9 PM 6:07
CLERK OF COURT
JAN 15 2021

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

Name and Address:

"MGR" = Manager

Cassie Johansen

~~PO BOX 307~~

Roseland, FL 32957

MGR

Cassie Johansen

PO BOX 307

~~Roseland, FL 32957~~

ARTICLE V: Effective date, if other than the date of filing: 02/01/2021. (OPTIONAL.)
(If an effective date is listed, the document is subject to the provisions of the Uniform Statutory Rule Against Perpetuities.)

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.

Carne Johansen

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.

Cassie Johansen

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
DIVISION OF CONCORDANCE
21 FEB -9 PM 6:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

CASSIE JOHANSEN
PO BOX 307
ROSELAND, FL 32957

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Regulatory Specialist II
New Filings

Letter Number: 121A00005018

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Firm/Company

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City/State and Zip Code

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Name of Person at () _____
Area Code Daytime Telephone Number

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
CLERK OF COURT
DIVISION OF CORPORATE
21 FEB -9 PM 6:07

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Cassie Johansen

PO Box 307

Roseland, FL 32957

MGR

Cassie Johansen

PO Box 307

Roseland, FL 32957

(Use attachment if necessary)

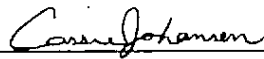
ARTICLE V: Effective date, if other than the date of filing: 02/01/2021 (OPTIONAL)

(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.

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.

Cassie Johansen

Typed or printed name of signee

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\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA