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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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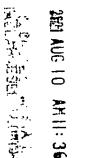
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T. SCOTT



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AADHYA Whole Body Wellness 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:
Sandra Lewis Name of Person
AADHYA Whole Body Wellness LLC.
1601 N Clayton STreet
Genesisher beden og mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarcia Lewis at (407), 575-5610 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S130.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	E I	-	Na	me:
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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:	Mailing Address:
1601 N. Clayton Street	PO BOX 2098
Mourit Dora FL 32757	Mount DOR Florida
	_32756

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:

Sardra Lewis

Name

1601 N. Clayton Street

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

MOUNT DORA FL 32757

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)

269 AUG 10 AM 11: 36

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	
MGR	Sandra Lewis
1	TOO IV. Clayton St. Mi-Dora 1132757
AMBR	Patrick Lewis
	TOOLN. Clayfon ST. MT. Dora Ft 32-757
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be s	pecific 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 the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the iseparanen	tor state steedas.
ARTICLE VI: Other provisions, if any.	
(
REQUIRED SIGNATURE:	
\longrightarrow	ctra Lewis
Signature of a n	nember or an authorized representative of a member.
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
constitutes a third degr	ee felony as provided for in s.817.155, F.S.
\sim \sim \sim \sim	dia Lewis
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)