L21000510483

(Requestor's Name) (Address)
(Address)
(Address)
(·)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hume)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





700377070917

11/29/21--01028--005 **125.00

2001 FON 29 ANTH 20

COVER LETTER

Division of Corporations
SUBJECT: Balance Living 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:
Health & Wellness (Life Coaching)
Health & Wellness (Life Coaching)
3385 SE Evergreen Ave
Address
Strayt 71 34997
Strart 7/34997 City/State and Zip Code hdL110 yahpo. Com E-mail address: (16 be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: $651-263-0189$
Les Howard at () Same Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$125.00 Filing Fee Certificate of Status \Boxed{1}\$155.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

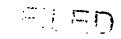
TO:

New Filing Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 NOV 29 - ANTI: 20

Balance Living "LLC"

STAT

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3385 SF Evergreen Ave	P.O. Box 1153
Stuart, 21 34997	Port Salerno 7/ 34992

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:

Leslie Howard

Name

3385 SE Ever green Ave

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

Stuart 71 34997

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.

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member	, ,	
"MGR" = Manager Manager	Lastia Hausiuch	
(2) De Transper	Lesire 7 journe	
'	3385 SE EVERGLEEN AVE	
	Stuart 7/3/497	
· · · · · · · · · · · · · · · · · · ·		
/ / 1		
n / / /	// / //	
/ \	<i>──////</i>	
,		
(Use attachment if necessary)		
	Day box 16 2 -1	
RTICLE V: Effective date, if other than the dat	te of filing: De comper 15, 2021. (OPTIONAL)	
f an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 d	lays aft
ne date of filing.)	and the second s	11
ne document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not but of State's records	re iistec
•	a contract to records.	
RTICLE VI: Other provisions, if any,	. / / .	
		•
DECLIDED CLOSUTEDE	/	
REQUIRED SIGNATURE:		
Led	ie jours	*
Signature of a n	nember or an authorized representative of a member.	•
	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.	.,
Leslie		
200/16	Houned	
	Howard	
	Typed or printed name of signee	
-	Typed or printed name of signee	
	Typed or printed name of signee	
\$125,00 Eiling Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Typed or printed name of signee Filing Fees:	TIVE