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SECRETARY OF STATE

P. BURCH DEC , 8 2021

J. J. Santarag

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Happy Place Speech Services, 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:
Name of Person
Happy Place Speech Services, LLC Firm/Company
601 NF 36 th Strut Apt 1505 Address
City/State and Zip Code 16 San 5 a Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	nited Liability Co	mpany is:			
	HORY	Place	Speech	Services	LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Add The mailing address		s of the princip	al office of the Limi	ted Liability Compan	y is:
	Principal Of	ffice Address:		Mailin	g Address:
,		<i></i>			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE I - Name:

(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:	2021 SE
Norcem Hasan	- ¥₩ B · u
Name	C-6 P
601 NIF 364 Street Apt 1503	
Florida street address (P.O. Box <u>NOT</u> acceptáble)	
City State Zip	: 19 ATE RIDA

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..

Régistéred Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Nazeon Hasan 601 NE 36th Strad AH1505 Miam, FL 33137
(Use attachment if necessary)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(If an effective date is listed, the date must be spathed date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a of State's records.
ARTICLE VI: Other provisions, if any.	
This document is execu I am aware that any fals constitutes a third degree	ember or an authorized representative of a member. Inted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. 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)