2200017/62

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			



600374778786

10/12/21--01042--030 **125.00

21 DEC \$7 PH IZ: \$3

Office Use Only

T. SCOTT

JAN 14 2022



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2021

KAYLA CARREIRA 3812 N OAK DRIVE UNIT M-11 TAMPA, FL 33611

SUBJECT: BLISSFUL BALANCE, LLC

Ref. Number: W21000136678

We have received your document for BLISSFUL BALANCE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document not complete.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

> ري ري

Letter Number: 821A00025053

www.sunbiz.org

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COVER LETTER

10: New Filing Section Division of Corporations				
SUBJECT: Blissful Balance Name of Limited Liab				
The enclosed Articles of Organization and fee(s) are submitt	ted for filing.			
Please return all correspondence concerning this matter to th	ne following:			
<u>Kayla C</u>	of Person			
Firm/Company				
3812 N. Oak	Dr. M-11			
Tampa, FL City/State KAYIA CArreira (E-mail address: (10 be used for future)	33611 and Zip Code 04 @ gmall com re annual report notification)			
For further information concerning this matter, please call:				
Kayla Carreira at 813 Name of Person Area Code	Daytime Telephone Number			
Enclosed is a check for the following amount:	•			
Certificate of Status Cert	S155.00 Filing Fee & □\$160.00 Filing Fee. certified Copy ional 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, Sinte 810 Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I The name of	- Name: the Limited Liability Company is:	
	BISSFU BOUCH CO	2. L.L.C.
_	(Must contain the words "Limited Liability Con	npany. "L.L.C" or "LLC.")
	II - Address: address of the principal office of the L	Limited Liability Company is:
	- · · · · · · · · · · · · · · · · · · ·	

Principal Office Address:	Mailing Address:
3812 N. Oak Dr. M-11	3812 N Oak Dr. M-11
Tampa, FL 33611	Tampa, FL 331611

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:

<u>Kayla Carreira</u>				
J Name				
_3812. N	J. Oak	Dr. M-11		
Florida street address (P.O. Box NOT acceptable)				
Tampa	FL	33611		
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

DEC 27 FH 12:

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January (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 beember or an authorized representative of a member.

Filing Fees:

JIA CARREITA
Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felow as provided for in s.817.155, F.S.

8 5.00 Certificate of Status (Optional)

ARTICLE IV-