

L22000103185

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000076546 3))



H220000765463ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : RABIDEAU KLEIN  
Account Number : I20200000035  
Phone : (561)655-6221  
Fax Number : (561)655-3221

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: grabideau@rabideauklein.com

FLORIDA LIMITED LIABILITY CO.

Don't Worry Be Happy, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2022 FEB 28 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

\* \* \* Communication Result Report ( Mar. 1. 2022 12:05PM ) \* \* \*

31

Date/Time: Mar. 1. 2022 12:03PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1445	Memory TX	0506176331	P. 4	OK	

Reason for Error: FAX TO FAX CONNECTION  
Error Code: 00000000  
Error Message: FAX TO FAX CONNECTION  
Error Detail: FAX TO FAX CONNECTION

050-417-6781

3/1/2022 7:28:01 AM FAX 1/001 Fax Error



February 28, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RABIDELU KLEIN

SUBJECT: DON'T WORRY BE HAPPY, LLC  
REF: W27000076546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and resubmit the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000159767.

Please return 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) 245-6652.

Faxed Cline FAX And. #: W27000076546  
Regulatory Specialist II Supervisor Letter Number: 027A00004913

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TALLAHASSEE, FLORIDA

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\* \* \* Communication Result Report ( Mar. 9. 2022 9:04AM ) \* \* \*

3}

Date/Time: Mar. 9. 2022 9:02AM

File	No. Mode	Destination	Page(s)	Result	Page Not Sent
1464	Memory TX	3506176381	P. 4	OK	

Reason for Error:  
E. 1) Hang up or line fail  
E. 2) No answer  
E. 3) Exceeded max. E-mail size  
E. 4) Busy  
E. 5) No facsimile connection  
E. 6) Destination does not support IP Fax

350-817-8381 3/1/2022 7:23:01 AM PAGE 1/601 Fax Error

February 28, 2022

FABIDAC KLEIN

SUBJECT: DON'T WORRY JR. HAPPY, LLC  
REF: #72800025932

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and resubmit the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21080159747.

Please return 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) 245-6032.

Tammi Eline FAX Aud. #: H72800076546  
Regulatory Specialist II Supervisor Letter Number: 022A00004913

P.O. BOX 927 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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February 28, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RABIDEAU KLEIN

SUBJECT: DON'T WORRY BE HAPPY, LLC  
REF: W22000025932

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000159767.

Please return 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.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H22000076546

Letter Number: 022A000049

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CLERK OF THE  
FLORIDA  
DEPARTMENT OF  
STATE  
TALLAHASSEE, FL 32314

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: I Guess I Must Be Having Fun, 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:

Guy Rabideau

Name of Person

Rabideau Klein

Firm/Company

440 Royal Palm Way, Ste 101

Address

Palm Beach, FL 33480

City/State and Zip Code

grabideau@rabideauklein.com

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

For further information concerning this matter, please call:

Guy Rabideau

561

655-6221

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I Guess I Must Be Having Fun, 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:

440 Royal Palm Way, Ste 101  
Palm Beach, FL 33480

Mailing Address:

440 Royal Palm Way, Ste 101  
Palm Beach, FL 33480

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:

Guy Rabideau

Name

440 Royal Palm Way, Ste 101

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

Palm Beach

Florida

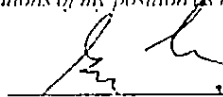
33480

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)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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

Guy Rabideau

440 Royal Palm Way, Ste 101

Palm Beach, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

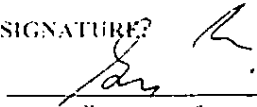
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Guy Rabideau

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)

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