

L22000173105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

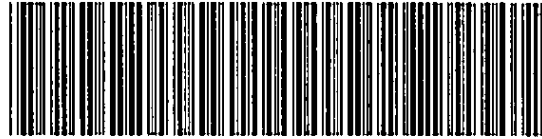
(Document Number)

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04/25/2022

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SECRETARY OF STATE  
TALLAHASSEE, FL 09105

S. CHATHAM

APR 27 2022

✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2022

SHEILA ASHIBUALI  
7643 GATE PARKWAY, SUITE 104-1695  
JACKSONVILLE, FL 32256 US

SUBJECT: SOUNDS OF YOU MEAL PREP, LLC  
Ref. Number: W22000050079

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 322A00008750

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TALLAHASSEE, FL 32399

## COVER LETTER

RECEIVED

TO: New Filing Section  
Division of Corporations

2022 APR 25 PM 4:25

SUBJECT: Sounds of You Meal Prep, LLC  
Name of Limited Liability Company

FLORIDA CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila Ashibuali  
Name of Person

Sounds of You Meal Prep, LLC  
Firm/Company

7643 Gate Parkway, Suite 104-1695  
Address

Jacksonville, Florida, 32256  
City/State and Zip Code

jahwillis2001@yahoo.com

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

For further information concerning this matter, please call:

Sheila Ashibuali at (904) 428-3457  
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)

\* Check was received and cashed first App. check # 1200  
\* This is Corrected Form \$ 130

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

22 APR 25 PM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\* Paid & check cashed

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sounds of You Meal Prep, 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:

7643 Gate Parkway  
Suite 104-1695  
Jacksonville, Florida 32256

Mailing Address:

7643 Gate parkway  
Suite 104-1695  
Jacksonville, FL. 32256

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:

Jody Layne  
Name

7643 Gate Parkway Suite 104  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Jacksonville Florida 32256  
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..

Jody Layne  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Sheila HShibuali

3908 Toledo Rd Apt. B  
Jacksonville, Florida 32217

(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:**

Sheila HShibuali

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.

Sheila Ashibuali

Typed or printed name of signer

**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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22 APR 25 PM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA