

L22600180491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

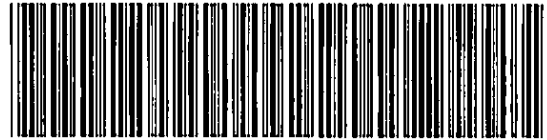
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

S. CHATHAM

MAY 03 2022

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: D' Avalon Wellness 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:

Jacqueline F. Alcantara

Name of Person

D' Avalon Wellness LLC

Firm/Company

17607 Brighton Lake Road

Address

Land O. Lakes, FL 34638

City/State and Zip Code

balcantara@me.com

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

For further information concerning this matter, please call:

Jacqueline F. Alcantara 724 504-1231
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D' Avalon Wellness 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:

17607 Brighton Lake Road
Land O. Lakes, FL 34638

Mailing Address:

17607 Brighton Lake Road
Land O. Lakes, FL 34638

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:

Jacqueline F. Alcantara

Name

17607 Brighton Lake Road

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

Land O. Lakes

FL

34638

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.

Jacqueline Alcantara 040122

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Jacqueline F. Alcantara
17607 Brighton Lake Road
Land O. Lakes, FL 34638

AMBR

Theodore J. Alcantara
17607 Brighton Lake Road
Land O. Lakes, FL 34638

(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:

Jacqueline Alcantara 04-01-22

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.

Jacqueline F. Alcantara

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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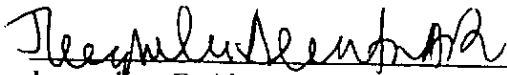
D' Avalon Wellness LLC
17607 Brighton Lake Road
Land O. Lakes, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of D' Avalon Wellness LLC:

Jacqueline F. Alcantara
17607 Brighton Lake Road
Land O. Lakes, FL 34638

Theodore J. Alcantara
17607 Brighton Lake Road
Land O Lakes, FL 34638


Jacqueline F. Alcantara, Organizer

04-01-22
Date

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