

L220000298404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

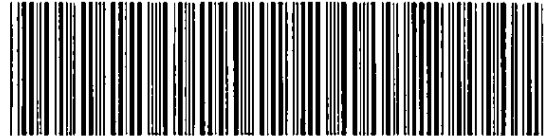
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900390541369

S. CHATHAM
JUL - 6 2022

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2022 JUL - 6 PM 2:13

22 JUL - 6 AM 3:25

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 7/6/2022

NAME: THE SWIRL BY MIXON LLC

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

22 JUL -6 AM 3:25

FILED
7/6/2022
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. HODGE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: THE SWIRL BY MIXON 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:

JANET MIXON

Name of Person

THE SWIRL BY MIXON

Firm/Company

5265 UNIVERSITY PARKWAY UNIT# 105

Address

UNIVERSITY PARK, FL 34201

City/State and Zip Code

THESWIRLUTC@GMAIL.COM

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

For further information concerning this matter, please call:

COURTNEY VAUGHN

561

909-9182

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SWIRL BY MIXON 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:

5265 UNIVERSITY PARKWAY UNIT# 105
UNIVERSITY PARK, FL 34201

Mailing Address:

5265 UNIVERSITY PARKWAY UNIT# 10
UNIVERSITY PARK, FL 34201

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:

JANET MIXON

Name

5265 UNIVERSITY PARKWAY UNIT# 105

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

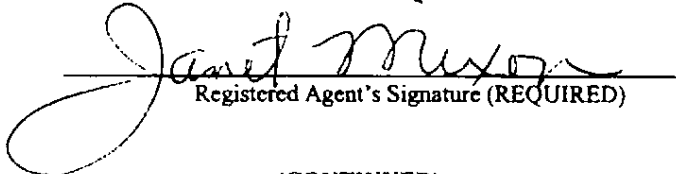
UNIVERSITY PARK FLORIDA 34201

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)

22 JUL -6 AM 3:22
#70680001

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

JANET MIXON

5265 UNIVERSITY PARKWAY UNIT# 105

UNIVERSITY PARK, FL 34201

MGR

JULIE BUSA

5265 UNIVERSITY PARKWAY UNIT# 105

UNIVERSITY PARK, FL 34201

MGR

COURTNEY VAUGHN

5265 UNIVERSITY PARKWAY UNIT# 105

UNIVERSITY PARK, FL 34201

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06.29.2022 (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.

Janet Nixon

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)

22 JUL -6 AM 3:25
RECEIVED
CLERK OF THE COURT
JULY 6 2022