Electronic Articles of Organization
For
Florida Limited Liability Company

L22000315417
FILED 8:00 AM
July 15, 2022
Sec. Of State
dsultana

Article I

The name of the Limited Liability Company is:

METAMORPHOSIS PSYCHCIERGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4920 SHALIMAR LN
4109
DAVIE, FL. 33328

The mailing address of the Limited Liability Company is:

4920 SHALIMAR LN
4109
DAVIE, FL. 33328

Article III

Other provisions, if any:

THE PURPOSE OF BUSINESS NAME, LLC, IS TO OPERATE AND CONDUCT ALL BUSINESS ACTIVITIES LEGALLY PERMITTED IN THE STATE OF FLORIDA

Article IV

The name and Florida street address of the registered agent is:

JASMINE M MOORE
4920 SHALIMAR LN
APT 4109
DAVIE, FL. 33328

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.

Registered Agent Signature: JASMINE MOORE

Signature of member or an authorized representative

Electronic Signature: JASMINE MOORE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.