# Laa000393386

| (Requestor's Name)  (Address)           |   |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (1001000)                               |   |
|   |   |
| (Address)                               |   |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
|   |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
|   |   |
| Certified Copies Certificates of Status | - |
|   |   |
| Special Instructions to Filing Officer: |   |
|   |   |
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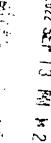
Office Use Only

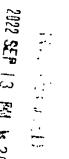


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S. CHATHAM SEP 13 2022 SECRETARY OF STATE DIVISION OF CORPORATION





## COVER LETTER

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: Pure at heart 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:   |
| TAMECA THOMAS Name of Person  |
| Pure at heart LLC   |
| 423 Cactus Street   |
| Address   |
| TALLAhassee 71, 32303  City/State and Zip Code  |
| City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| TAMECA Thomasi (850) 3294-7921  Name of Person Area Code Daytime Telephone Number   |
|   |
| Enclosed is a check for the following amount:   |
| □\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

## Mailing Address

. . . . .

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> 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

| The name of the Li | mited Liabil | ity Company  | y is:               |                     |              |  |
|--------------------|--------------|--------------|---------------------|---------------------|--------------|--|
| P                  | ure          | at           | heart               | LLC                 |              |  |
|                    | (Must con    | tain the wor | ds "Limited Liabili | y Company, "L.L.C., | " or "LLC.") |  |
| ARTICLE II - Ad    | dress:       |              |                     |                     |              |  |

ARTICLE I - Name:

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

City

| Principal Office Address:  43 CACTUS STREET  PO BOX 20686  TAILAMASSEE TT.  TAILAMASSEE TI. 3   | -<br>5316 |             |
|---|-----------|-------------|
| 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: | 22 SEP 1  | DIVISION C  |
| Thmeca Thomas  Vance CA Thomas  Vance CA Thomas   | 13 PH 3:  | TARY OF STA |
| Florida street address (P.O. Box NOT acceptable)  TAllahassee 71 32309  | 05        | HONS<br>THE |

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.,

State

Zip

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member                          | Name and Address:   |                   |
|---|---|-------------------|
| "MGR" = Manager  MGR  | TAMECA THOMas<br>POBOX 20686 TAHAHASSEE   |                   |
| AMBR  | TAMECA Thomas P.O. Box 20686 Thilahassee H, 32316 SEP 3   | SECRETARY OF STAL |
| If an effective date is listed, the date must be date of filing.) | the date of filing: 09-13-2022. (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be list timent of State's records. |                   |
| VRTICLE VI. Offici provisions, it any.                            |   |                   |
| REQUIRED SIGNATURE:   | ca Thomas   |                   |

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

Signature of a member or an authorized representative of a member, his document is executed in accordance with section 605 0203 (1) (b). Florida

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.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)