12/2/22, 4:29 PM



Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000407192 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: REHTIPION@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. Ruth Tipton, LCSW LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID. 9C2F4319-6460-4462-A293-FC391DE6CB28

H22000407192

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ruth Tipton, LCSW LLC (Must end with 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: 31640 US Highway 19 N Palm Harbor, FL 34684 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: Ruth Tipton Name 674 Bellingham Place Florida street address (P.O. Box NOT acceptable) Palm Harbor FL 34684 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S. Possubgree by: Reth. Typica. Schapits Capacity.		Ruth Tint	on I CSW I I	ıc	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:					" or "LLC.")
31640 US Highway 19 N Palm Harbor, FL 34684 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: Ruth Tipton Name 674 Bellingham Place Florida street address (P.O. Box NOT acceptable) Palm Harbor City Zip Having been named as registered agent and to accept service of process for the above stated limited liability companies the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S. Decusing the Dy: Ruth Traton			ncipal office of th	e Limited Liability	Company is:
Palm Harbor, FL 34684 Palm Harbor, FL 34684 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 indudual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Ruth Tipton Name 674 Bellingham Place Florida street address (P.O. Box NOT acceptable) Palm Harbor FL 34684 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability competents place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S. Desustynes by: Ruth Typton	Principal Office Add	ress:	Mailing Addre	<u>2881</u>	
(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: Ruth Tipton Name 674 Bellingham Place Florida street address (P.O. Box NOT acceptable) Palm Harbor FL 34684 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability compact the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S. Coeusignee by: Ruth Typton	31640 US Highw Palm Harbor, FL	vay 19 N . 34684	3164 Palm	IO US Highway n Harbor, FL 34	19 N 684
Palm Harbor Gity Zip Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S Coccusiones by: Ruth Tipton	(The Limited Liability another business entit	Company cannot serve as by with an active Florida reg rida street address of the re	its own Registere gistration.)	ed Agent. You must	decimate on in #11 to the or
Palm Harbor Gity Zip Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S Coccusiones by: Ruth Tipton		Ruth Tipton	Nama		- 500
Palm Harbor Gity Zip Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S Coccusiones by: Ruth Tipton		674 D. III. 4			
Palm Harbor Gity Zip Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S Coefficiently Typion			, 	centable)	
City Zip Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performed of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S Coccusioness by: Ruth Tipton			.0. box <u>(101 </u> ac		
Having been named as registered agent and to accept service of process for the above stated limited liability compositive place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605. F.S Coefficiently: Ruth Tipton			FL		-
Registered Agent's Signature (REQUIRED) Ruth Tipton (CONTINUED)	the place designate capacity. I further a	as registered agent and to aced in this certificate, I hereby agree to comply with the proam familiar with and acception Registered Agent Ru	ny accept the apportisions of all state t the obligations of Chapter 605, F Cocusioned by: Roth Typion 60228158202340F S Signature (REC	rocess for the above interest to the pointment as registerest to the position as regist.	d agent and agree to act in this roper and complete performance

Page 1 of 2

DocuSign Envelope ID: 9C2F4319-6460-4462-A293-FC391DE6CB28

H22000407192

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	Γ
"MGR" = Manager AMBR	Ruth Tipton
	674 Bellingham Place
	Palm Harbor, FL 34684
	7 2
	P. 2
	<u></u>
	<u></u>
*	
	31. 0
	4
(Use attachment if necessary)	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than effective date is listed, the date mu	n the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mute of filing.)	ust be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than effective date is listed, the date mute of filling.) CLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than effective date is listed, the date must be of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affir I am aware that any	Docusioned by: Ruth Tipton 606209:668002940F e of a member or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must be of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affir I am aware that any	Docusioned by: Reth Tipton of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, y false information submitted in a document to the Department of State

Page 2 of 2