

L23000107503

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (810)617-6363

From:
Account Name : EXPERTAX
Account Number : 120300000010
Phone : (407)777-7470
Fax Number : (321)206-9743

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. EMOTIONAL AND MENTAL WEL-BEING LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2023 Fil 12:10

2023 MAR -8 PM 6:47
FALL ANNUAL REPORT

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMOTIONAL AND MENTAL WELL BEING LLC

.....
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM CAMILO ACUNA NARANJO

.....
Name of Person

.....
Firm Company

1500 COLONY SQUARE DR - 2711

.....
Address

ORLANDO, FL 32837

.....
City, State and Zip Code

.....
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call:

WILLIAM C. ACUNA NARANJO

407

817-8390

.....
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

☐ \$135.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$169.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 63277
Tallahassee, FL 32313

Street Address

New Filing Section Division
One Centre of Tallahassee
2115 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is:

EMERALD AND SUNSET WELL BEING 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:Mailing Address:EMERALD COLONY SQUARE DR # 2713
ORLANDO FL 32837EMERALD COLONY SQUARE DR # 2713
ORLANDO FL 32837

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:

WILLIAM C. ACUNA NARANJO

Name

EMERALD COLONY SQUARE DR # 2713Florida street address (P.O. Box NOT acceptable)ORLANDO

City

FLORIDA

State

32837

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)

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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

MEM

WILLIAM C. AGUIA NARANJO

13418 COLONY SQUARE DR S 2712

ORLANDO FL 32837

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.....

(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:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0703 (1)(a), 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.

WILLIAM C. AGUIA NARANJO

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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