

L23000151709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

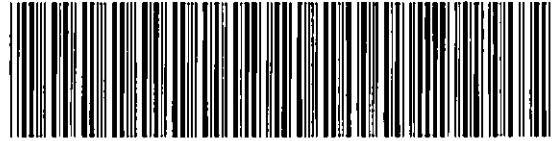
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/13/23--01040--009 **160.00

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DATE 03/13/23 BY 1040

1040

D. O'KEEFE

APR - 4 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Costal Wellnes Pro 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:

Jasmin A. DICKSON
Name of Person

Firm/Company

603 Everitt Ave
Address

Panama City FL 32401
City/State and Zip Code

jasmine.martin1717@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmin Dickson at 850 6282035
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Costal Wellness Pro 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:

603 Everitt Ave
Panama City Florida
32401

Mailing Address:

603 Everitt Ave
Panama City Florida
32401

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:

Jasmin Dickson
Name

603 Everitt Ave
Florida street address (P.O. Box NOT acceptable)
Panama City FL 32401
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..

Jasmine Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

111111
2023 MAR 13 AM 4:29
ATTACHED FORM

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

Name and Address:

"MGR" = Manager

2023 JAN 13 AM 9:12P
ALL AMERICAN RECORD

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

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.

Jasmine Dickson

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.

Jasmin Dickson

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)