

L23000201250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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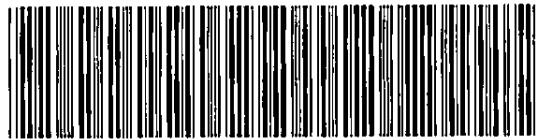
(Business Entity Name)

(Document Number)

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[www.hammondlawcenter.com](http://www.hammondlawcenter.com)

HAMMOND LAW CENTER



Phone: (407) 730-9909  
Fax: (800) 861-0585  
[keith@hammondlawcenter.com](mailto:keith@hammondlawcenter.com)

March 30, 2023

**VIA FEDERAL EXPRESS**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

*RE: Articles of Organization;  
Laurelena Healing Spa, LLC*

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Laurelena Healing Spa, LLC, along with a check in the amount of \$125.00 to cover the filing fee. Should you have any questions, please feel free to contact me at (407) 730-9909.

Very truly yours,  
HAMMOND LAW CENTER

Keith L. Hammond

KLH/wjc  
Enclosure

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Laurelena Healing Spa, 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:

Laura Elena Hollifield

Name of Person

Laurelena Healing Spa, LLC

Firm/Company

147 E. Lyman Avenue, Suite D

Address

Winter Park, Florida 32789

City/State and Zip Code

laurelena@healingspa.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Hollifield

407

599-9590

at ( )

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

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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:

Laurelena Healing Spa, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

147 E. Lyman Avenue, Suite D  
Winter Park, FL 32789

Mailing Address:

147 E. Lyman Avenue, Suite D  
Winter Park, FL 32789

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:

Travis Hollifield

Name

147 E. Lyman Avenue, Suite D

Florida street address (P.O. Box **NOT** acceptable)

Winter Park

FL

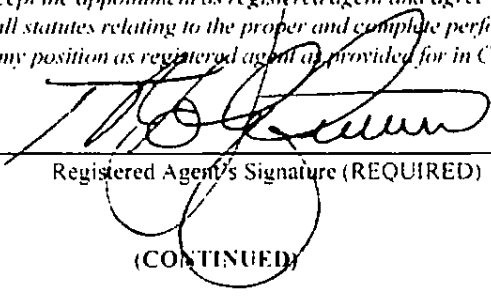
32789

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Laura Elena Hollifield  
147 E. Lyman Avenue, Suite D  
Winter Park, FL 32789

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 1, 2023. (OPTIONAL)

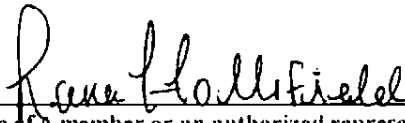
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 605.0203 (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.

Laura Elena Hollifield

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)

\$ 5.00 Certificate of Status (Optional)

FILED  
23 MAR 31 PM 12:35  
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DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA