

5/3/23, 2:10 PM

Division of Corporations

Florida Department of State
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : BUSINESS WORLD TRANSACTIONS, INC.
 Account Number : 104512000707
 Phone : (305)803-2736
 Fax Number : (305)646-1527

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 DIVISION OF CORPORATIONS
 ELECTRONIC FILINGS SERVICE

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.
 FLOW MESSAGE THERAPY, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLOW MASSAGE THERAPY, 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:**452 NE 77 STREET452 NE 77 STREETMIAMI, FL. 33138MIAMI, FL. 33138**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:

FLOR ZAPATA

Name

452 NE 77 STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI, FL. 33138

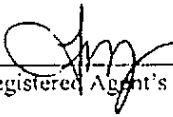
City

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..

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

FLOR ZAPATA
452 NE 77 STREET
MIAMI, FL 33138

(Use attachment if necessary)

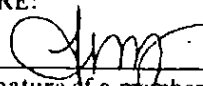
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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 605.0203 (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.

FLOR ZAPATA

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)



FAX TRANSMITTAL

To: **Date:** 05/03/2023 01:11:27 PM Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6381

Number of pages transmitted

From: including cover page: 5

Name: Leslie Sellers

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Voice No: 855-498-5500

Subject: H23000166021

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