

123000224844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

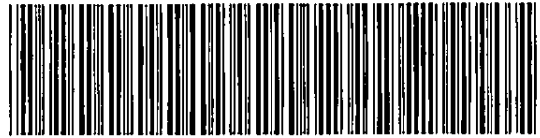
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*[Handwritten signature]*

04/11/23--01020--014 \*\*155.00

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Community Wellness and Health Cooperative LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Cathedra Winston  
(Contact Person)  
Community Wellness and Health Cooperative  
(Firm/Company)  
2506 Sandalwood Drive  
(Address)  
Fern Park, FL 32730  
(City, State and Zip Code)  
cathedrad@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Cathedra Winston at ( 407 ) 399-9722  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status ☐ \$180.00 Filing Fees and Certified Copy ☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status

(+) Certificate of Status \$5.00

Mailing Address:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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

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TALLAHASSEE, FL

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Community Wellness and Health Cooperative 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:

2506 Sandalwood Drive  
Fern Park, FL 32730

### Mailing Address:

(same)

## 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:

Cathedra Winston  
Name

2506 Sandalwood Drive  
Florida street address (P.O. Box **NOT** acceptable)

Fern Park FL 32730  
City 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.*

Cathedra Winston  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner/Director  
MGR

**Name and Address:**

Cathedra Winston  
2506 Sandalwood Drive  
Fern Park, FL 32730

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Cathedra Winston

**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.

Cathedra Winston

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)

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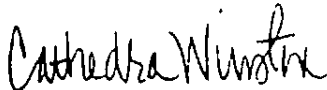
Cathedra Winston  
2506 Sandalwood Drive  
Fern Park, FL 32730  
407-399-9722

May 5, 2023

Division of Corporations:

This letter is a statement of full authority to release the name of N13000007492 as a registered Nonprofit. I am requesting that the company name be established as an LLC. I have previously sent over the Articles of Organization to be applied to this request. The above address and telephone number is the most current contact information for me and the business. Please contact me if anything further is required.

Respectfully Submitted,



Cathedra Winston  
Owner/Chief Operator  
Community Wellness & Health Cooperative

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