

May. 24. 2023 2:13PM
5/23/23, 11:53 AM

Division of Corporations

No. 0734 P. 1

Florida Department of State
Division of Corporations
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To:

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Email Address: Katie.dupuy@gmail.com

RECEIVED

2023 MAY 24 PM 2:50

CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
THRIVING MINDBODY WELLNESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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May 24, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: THRIVING MINDBODY WELLNESS LLC
REF: W23000074439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H23000189484
Letter Number: 123A00011891

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H 230001894843-

THRIVING MINDBODY WELLNESS 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:19441 Whispering Pines Rd19441 Whispering Pines RdCutler Bay FL 33157Cutler Bay FL 33157

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:

KATIE FENNELL

Name

19441 Whispering Pines RdFlorida street address (P.O. Box **NOT** acceptable)Cutler BayFL33157

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)

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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

Name and Address:

MGR

KATIE FENNELL

19441 Whispering Pines Rd

Culler Bay FL 33157

(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.

The purpose of the limited liability company is to engage in any lawful activity for which a limited liability company may be organized in this state.

REQUIRED SIGNATURE:

Katie Fennell

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.

KATIE FENNELL

Typed or printed name of signee