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Division of Corporations

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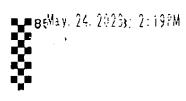
Account Name : ATESIANO TAX SERVICES

Account Number : I20190000123 Phone : (305)928-1137 Fax Number : (786)349-4952

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. THRIVING MINDBODY WELLNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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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 1 - Name:			Н	2 3	3 0	0	0	18	} {	} 4	В	4	3 -	•
The name of the Limited Liability	Company is:		••											
THRIVING MINDS (Must contain			, "L.L.C.," or "LLC.")						_					
ARTICLE II - Address: The mailing address and street add	ess of the principal (office of the Limite	d Liability Company is	:										
Principal	Office Address:		Mailing A	ddra	<u>r27:</u>									
19441 Whispering Pines F	d ·	194	41 Whispering Pines Rd	_					_					
Cutter Bay FL 33157	······································	Cut	ler Bay FL 33157		_	_	<u> </u>		_					
another business entity with an act The name and the Florida street ad-	_			_										
	19441 Whispering Pine	as Rd												
,	Florida street addres		acceptable)	-										
	Culler Bay	FL	33157	_										
	City	State	Zip											
laving been named as registered age lace designated in this certificate, I l urther agree to comply with the prov im familiar with and accept the oblig	nereby accept the app isions of all statutes t ations of my position	pointment as register relating to the prope as registered agent Fencel	red agent and agree to r and complete perforn	act II nance	n thi e of	ls c my	capa v du	acity ities,	y. I	7				
	Vefiz		une (vedolven)											

(CONTINUED)

ARTICLE IV-

H 230001894843-

Title:	t .	Name and Address:
"AMBR" = Au	thorized Member	
"MGR" = Man	ager	
MGR		VATIE EGNNELL
MGR		KATIE FENNELL 19441 Whispering Pines Rd
	:	19441 Whispering Pines Rd Cutler Bay FL 33157
•		Said Bay C Strong
		•
	' '	
		
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V: Effective (date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective of citive date is list filling.) the date insertement's effective EVI: Other pro	date, if other than the dated, the date must be and in this block does not be date on the Department in this of the date on the Department in the date.	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will no
ctive date is list filing.) the date insertenent's effective EVI; Other pro	date, if other than the date of the date must be and in this block does not add in this block does not	specific and cannot be more than five business days prior to or 91 timeet the applicable statutory filing requirements, this date will not not of State's records.
EV: Effective of tive date is list filing.) the date insertement's effective EVI: Other proof the limited liability	date, if other than the date of the date must be and in this block does not add in this block does not	t meet the applicable statutory filing requirements, this date will not of State's records. In a state of State's records. The state of