

123000352476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

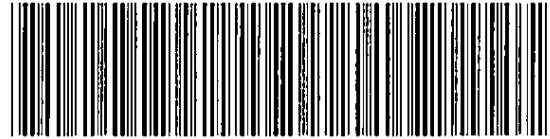
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HARMONY RECOVERY Housing, 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:

Jeff Edwards
Name of Person

US INVESTING GROUP, LLC
Firm/Company

12220 Springmoor THREE COURT
Address

TAX, FL 32225
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeff Edwards at (904) 234-4957
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

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STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARMONY RECOVERY HOUSING, 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:

1015 ATLANTIC BLVD #71 SAME
ATLANTIC BEACH, FL 32233

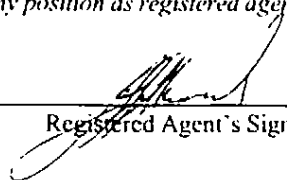
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

US INVESTING GROUP, LLC
Name
12220 SPRINGMOOR THREE COURT
Florida street address (P.O. Box **NOT** acceptable)
JAX FL 32225
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

JEFF EDWARDS
1220 SPRINGDALE THREE COURT
TALLAHASSEE, FL 32305

MGR

REESE EDWARDS
1015 ATLANTIC BLVD #71
ATLANTIC BEACH, FL 32233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/01/2023 (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.

N/A

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.

JEFF EDWARDS

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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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Richardson, Rickey L.

From: Jeff Edwards <usig@att.net>
Sent: Wednesday, July 26, 2023 10:26 AM
To: Richardson, Rickey L.
Subject: Harmony Recovery Housing

EMAIL RECEIVED FROM EXTERNAL SOURCE

Rickey,

Per our phone conversation this morning, I am the owner of Harmony Recovery Housing Corp (doc N22000003791)

We are dissolving the Non-Profit and changing to a LLC as an S-Corp.
The new name will be Harmony Recovery Housing, LLC. We will no longer use the name, Harmony Recovery Housing Corp.

My twin brother died March 21, 2023, so he cannot be our Register Agent, and Principal address needs to be changed. Therefore, the new address on our application has been updated. His wife has no interest in the newly formed company.

Thank you for your assistance.

Jeff

Jeff Edwards
(904) 234-4957

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