

L23000408254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

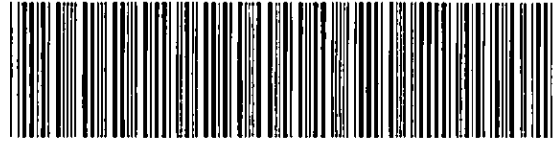
(Business Entity Name)

(Document Number)

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

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06/16/23--01022--008 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MATERS OF THE HEART, 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:

ETHEL R. LEE  
Name of Person

Firm/Company

2212 RIDGECREST DRIVE  
Address

VALKICO, FL 33594  
City/State and Zip Code

ETHELLEE163@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETHEL LEE at ( 850 ) 597-4803  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Ethel R. Lee  
2212 Ridgecrest Drive  
Valrico, FL 33594

July 19, 2023

Crystal S. Hightower  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference Number: W23000092924

Letter Number: 023A00015122

Enclosed is the corrected form.

Thanks,

A handwritten signature in black ink that reads "Ethel R. Lee". The signature is written in a cursive, flowing style with a large, prominent "E" and "L".

Ethel R. Lee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IT'S A MATTER OF THE HEART, 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:

2212 RIDGECREST DRIVE  
VALRECO, FL 33594

Mailing Address:

2212 RIDGECREST DRIVE  
VALRECO, FL 33594

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:

ETHEL R. LEE

Name

2212 RIDGECREST DRIVE

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

VALRECO, FL 33594

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

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*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.*

Ethel R. Lee

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

MGR

**Name and Address:**

ETHEL R. LEE  
2212 RIDGECREST DRIVE  
VALRICO, FL 33594

AMBR

EVELYN NANCY HOLMES  
3634 E. 58TH AVENUE  
TAMPA, FL 33610

AMBR

SHARPE ELLIS  
5803 BITTER ORANGE AVENUE  
TAMPA, FL 33605

AMBR

KEVIN W. LEE  
4703 N. NEBRASKA AVENUE  
TAMPA, FL 33603

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-12-23 (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:**

Ethel R. Lee

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.

ETHEL R. LEE

Typed or printed name of signer

**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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TALLAHASSEE, FL