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	(Requestor's Name)	
	(Address)	 ,
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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· FLORIDA CAPITAL COURIER SEI 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	RVICES, INC .
PLEASE USE FUNDS FROM TAUTHORIZATION SIGNATU Worthy Living Co LLC BUSINESS	THIS ACCOUNT: 120210000160: \$155.00 RE:
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X_Certified Copy	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectChange of Registered AgerDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
_ APOSTIL () untry	Other

AMINER'S INITIALS:____

(850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$155.00 AUTHORIZATION SIGNATURE: Worthy Living Co LLC **BUSINESS** Document # Pick up time Walk in Will wait Mail out Photocopy X Certified Copy _ Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent X Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report ____Limited Partnership ___ Reinstatement Fictitious Name APOSTIL () ______ Other Country AMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: WORTHY LIVING CO LLC

Ref. Number: W23000165313

We have received your document for WORTHY LIVING CO LLC. However, the document has not been filed and is being returned for the following:

"Co" and "Company" are clearly defined in Florida Statutes 607.0401 as a corporate indicator. In Florida Statutes 605.0112 (d) a limited liability company's name may not contain language stating or implying that the limited liability company is connected with a state or federal government agency or a corporation or other entity chartered under the laws of the United States. As this is listed in the Statutes, a limited liability company cannot have the words "Co" or "Company" unless the name of the limited liability company uses the phrase "&/And Co" or "&/And Company" as it indicates there are more "associates/partners". "Companies" is also allowed in a limited liability company name as it is not defined in Statute 607.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 523A00028268

COVER LETTER

•

	ew Filing Sec ivision of Coi			
SUBJECT		y Living LLC		
SCHILCE	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	rn all correspo	ondence concerning this ma	tter to the following:	
	Justin Sagub	o		
			Name of Person	
	Karla Dennis	and Associates, Inc		
			Firm/Company	
	4 Centerpoin	te Drive Suite 310		
			Address	
	La Palma, Ca	A 90623		
а	itehrani09@g		ty/State and Zip Code	
_			for future annual report notific	ation)
For further in	formation co	ncerning this matter, please	call:	
	Justin Sagubo	71- at (4 252-5822	
•	Namo		ea Code Daytime Teleph	one Number
Enclosed is	a check for th	e 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)
		g Address	Street Address	D: : :
		ling Section	New Filing Section The Centre of Talla	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Worthy Living LLC		
(Must contain	the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CLE II - Address:		
ailing address and street addr	ress of the principal office	of the Limited Liability Company is:
Principal (Office Address:	Mailing Address:
7901 4th St N STE 300		7901 4th St N STE 300
St. Petersburg, FL 3370	2	St. Petersburg, FL 33702
Limited Liability Company car or business entity with an acti name and the Florida street add	nnot serve as its own Reg ive Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual on the individual of the
Limited Liability Company car or business entity with an acti name and the Florida street add	nnot serve as its own Regive Florida registration.) dress of the registered age	egistered Agent's Signature: istered Agent. You must designate an individual on nt are:
Limited Liability Company cal er business entity with an acti ame and the Florida street add	nnot serve as its own Regive Florida registration.) dress of the registered age Northwest Registered Age	egistered Agent's Signature: istered Agent. You must designate an individual on nt are:

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..

St. Petersburg

City

FL

State

33702

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED 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. Justin Sagubo Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMDD" - Aut	harinad Man-hau		
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