

L23000548855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

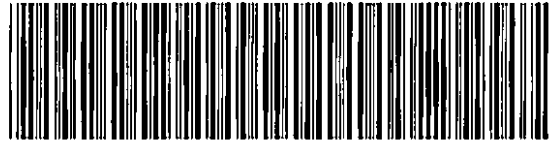
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2003 DEC 11 PM 4:32

*[Handwritten signature]*

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$155.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Worthy Living Co LLC

BUSINESS

Document #

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\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

**\_X\_** Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

AMINER'S INITIALS: \_\_\_\_\_

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

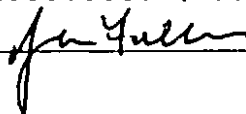
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\_\_\_ **Certificate of Status**

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AMINER'S INITIALS: \_\_\_\_\_



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 607.0401 as a corporate indicator.

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

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2023 1 14:30

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** The Worthy Living 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:

Justin Sagubo

Name of Person

Karla Dennis and Associates, Inc

Firm/Company

4 Centerpointe Drive Suite 310

Address

La Palma, CA 90623

City/State and Zip Code

atehrani09@gmail.com

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

For further information concerning this matter, please call:

Justin Sagubo

714

252-5822

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Worthy Living 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:

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

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:

Northwest Registered Agent LLC

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

33702

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)

2023 01 11 14:30

**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:**

AMBR

Arvan Tehrani  
380 Costanera Rd  
Coral Gables, FL 33143

AMBR

Vilma Tehrani  
380 Costanera Rd  
Coral Gables, FL 33143

(Use attachment if necessary)

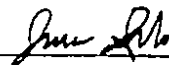
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

Justin Sagubo

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)

2023 01 11 PM 4:35