

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000164113)))



H240000164113AECT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co Fax Number		(850)617-6381	
_				
From:			LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Name			•
	Account Number			•
	Phone	1	(305)552-5973	
	Fax Number		(305)675-5944	:
	, _			
		~ d	dress for this business entity to be used for future	
	enter the emails	au	mailings. Enter only one email address please.**	

Email Address:_

FLORIDA LIMITED LIABILITY CO. FLOURISH ABA LLC

Certificate of Status	0	
Certified Copy		
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu

2024 USH 11 PH 4: 30

Corporate Filing Menu

Help

Ξ.

:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.C.," or "LLC.")

FLOURISH ABA LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability — Company is:

700 GROVE ST N, UNIT 1, ST PETERSBURG, FL, 33701

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Linbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

CHELSEA PIRTLE

700 GROVE ST N. UNIT 1, ST PETERSBURG, FL, 33701

ARTICLE IV-

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

CHELSEA PIRTLE , AMBR

. ·

۰.

1

Required Signatures:

. :

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

CHELSEA PIRTLE Typed or printed name of signee

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)