

L24000205216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

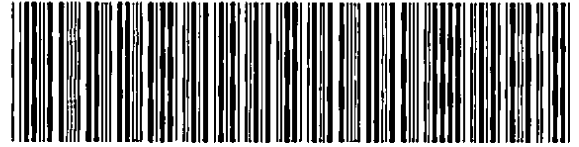
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S. CHATHAM
MAY - 8 2024

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TALLAHASSEE, FL
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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2023

RACHEL DESANGES
LAB SERVICES
270 SW STERRET CIRCLE
PORT ST LUCIE, FL 34953 US

SUBJECT: RACHEL'S CONCIERGE LAB SERVICES, LLC
Ref. Number: W23000160159

We have received your document for RACHEL'S CONCIERGE LAB SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

Crystal S Hightower
Regulatory Specialist II
CoT

Letter Number: 423A00027389

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rachel's Convergence Lab Services
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:

Rachel Desanges
Name of Person

Mobile Lab Services
Firm/Company

270 SW Stuart Circle
Address

Port St Lucie, FL 34953
City/State and Zip Code

Rachel.convergence@yaho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Desanges at 772 209 1770
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:

Rachel's Concierge Lab Services, 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:

11582 SW Village Pkwy
#1233

PORT ST LUCIE FL

349 87 ~~PORT ST LUCIE FL~~

~~11582 SW Village Pkwy~~
~~PORT ST LUCIE FL~~
~~349 87~~

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:

RACHEL DESANGES
Name

270 SW Starrett Circle

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

Port ST Lucie FL 34953
City State Zip

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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..

Rachel Desanges

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

CEO ~~AMBR~~
AMBR

Name and Address:

Rachel Desanges

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/2023 (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.

REQUIRED SIGNATURE:

Rachel Desanges

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.

Rachel Desanges

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)