

H24000185049 3

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000185049 3)))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ASAP LAW, PLLC
Account Number : I20190000038
Phone : (407)461-9885
Fax Number : (407)641-8159

S. CHATHAM
MAY 23 2024

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CORPORATIONS
COMMERCIAL
SERVICES

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MYMORTON@ASAPLAWFIRM.COM

FLORIDA LIMITED LIABILITY CO.

Inner Hope Transformative Healing LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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To: Sunbiz

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2024-05-23 18:29:09 GMT

14076418159

From: Mylika Morton

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Inner Hope Transformative Healing 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:

MYLIKA MORTON CPA ESQ

Name of Person

ASAP LAW PLLC

Firm/Company

111 N ORANGE AVE STE 800

Address

ORLANDO, FL 32801

City/State and Zip Code

MYMORTON@ASAPLAWFIRM.COM

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

For further information concerning this matter, please call:

MYLIKA MORTON

407

461-9885

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

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14076418159

From: Mylika Morton

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inner Hope Transformative Healing 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:

4853 E Irlo Brunson Memorial Hwy #1021
Saint Cloud, FL 34771

Mailing Address:

4853 E Irlo Brunson Memorial Hwy #1021
Saint Cloud, FL 34771

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:

Johnota Morales

Name

4853 E Irlo Brunson Memorial Hwy #1021

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

Saint Cloud

FL

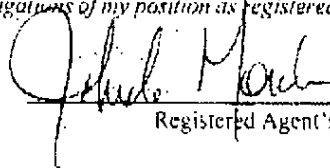
34771

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)

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TALLAHASSEE, FL

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From: Mylika Morton

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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:

MMGR

Johnola Morales

4853 E Eric Brunson Memorial Hwy #1021

Saint Cloud, FL 34771

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TALLAHASSEE FL

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(Use attachment if necessary)

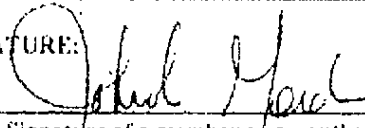
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 of 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.

Johnola Morales

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)