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Special Instructions to Filing Officer:

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June 7, 2024

Mr. Kain Costello

This is to advise you that we wish to abandon our on-line filing, Tracking number 600429414136 and wish to proceed with the paper filing; W24000085449.

Thank you!

A handwritten signature in black ink that reads "Bankemper".

Ana Bankemper

Office Administrator

A handwritten signature in black ink that reads "Frisbee".

Dr. Patrece Frisbee

CEO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2024

DR PATRECE A FRISBEE
1440 SEAWAY DR #1
HUTCHINSON ISLAND, FL 34949 US

SUBJECT: SOBE WELL WORX LLC
Ref. Number: W24000085449

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 224A00012312

6/7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SoBe Well Worx 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:

1440 Seaway Drive #1

SAME

Hutchinson Island, FL 34949

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:

Dr Patrece Frisbee

Name

1440 Seaway Drive, #1

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

Hutchinson Island

FL

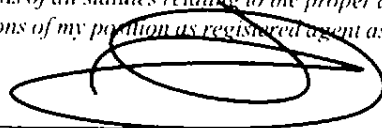
34949

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)

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:

MGR

Dr Patrece Frisbee
1440 Seaway Drive, #1
Hutchinson Island, FL 34949

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 1, 2024 (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.

Dr. Patrece Frisbee

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)

2024 JUN 1 10:00 AM
CLERK OF COURT
STATE OF FLORIDA