

L240000289742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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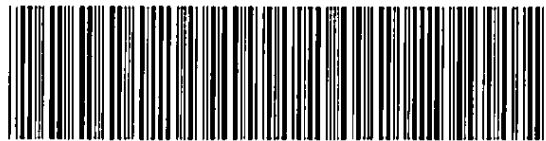
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/24--01001--020 **130.00

2024 JUN 25 PM 12:56
Filing Office

COVER LETTER

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

SUBJECT: St. George Island MedSpa & Wellness Partnership 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:

Joan L. Isaac

Name of Person

St. George Island MedSpa & Wellness Partnership LLC

Firm/Company

115 Bennett Road

Address

Carmel, Indiana 46032

City/State and Zip Code

joanlisaac@hotmail.com

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

2025 JUN 25 PM 12:56
STATE OF FLORIDA
DIVISION OF CORPORATIONS

2025 JUN 25 PM 12:56
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Joan L. Isaac

317

417.7213

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:

St. George Island MedSpa & Wellness Partnership 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:

160 W. Pine Street

St. George Island, Florida 32328

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:

The Law Offices of Jeff Cohen, P.A.

Name

151 NW 1st Avenue

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

Delray Beach

FL

33444

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..

Amanda P. Howard

Registered Agent's Signature (REQUIRED)

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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:

AMBR

Joan Isaac
115 Bennett Rd.
Carmel, IN 46032

AMBR

Caroline Renee Monroe
115 Bennett Rd.
Carmel, IN 46032

(Use attachment if necessary)

FILED
JUN 25 PM 12:07
CLERK OF SUPERIOR COURT
INDIANAPOLIS, INDIANA

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.

Joan L. Isaac
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)