

L24000295662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

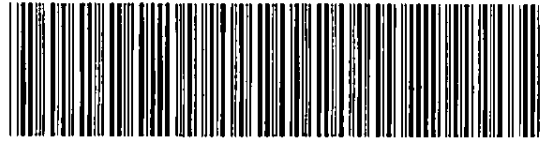
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JUL -1 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 JUL -1 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/1/2024

**\*\*WALK IN\*\***

ENTITY NAME Leisurely Latitudes, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

- Plain Copy*
- Certified Copy*
- Certificate of Status*

CLERK OF COURT  
TALLAHASSEE, FL

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

- Certified Copy of Arts & Amendments*
- Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*
- Certificate of Status*
- Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Leisurely Latitudes, 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:

Amy Allen  
Name of Person

United Corporate Services, Inc.  
Firm/Company

80 State Street, Suite 1101  
Address

Albany, NY. 12207  
City/State and Zip Code

studyhard@aol.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

\_\_\_\_\_ 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:

Leisurely Latitudes, 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:

9102 34th Ave East  
Palmetto, FL 34221

185 Latimer Mill Road  
Honea Path, SC 29654

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:

United Corporate Services, Inc.  
Name

3458 Lakeshore Drive  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      Florida                      32312  
City                                      State                                      Zip

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STATE OF FLORIDA  
TALLAHASSEE, FL  
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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.*

Michael A Barr  
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:**

AMBR

Karen Guidarelli  
91 Bowerman Road  
Farmington, NY 14425

AMBR

Mary Matthew  
185 Latimer Mill Road  
Honea Path, SC 29654

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

/s/ Mary Matthew

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.

Mary Matthew  
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)

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STATE  
TALLAHASSEE  
FL