L24000307852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.
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COLLEEN M. SMALE WELL-SERVICES, LLC

Please Debit **FCA000000003** For: 125

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ____ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

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ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

Each undersigned, for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is COLLEEN M. SMALE WELL-BEING SERVICES, LLC ("Company"). will work with the public and assist with areas of her education and certification

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 2374 BOUGAINVILLEA STREET, SARASOTA, FLORIDA 34239.

ARTICLE III - DURATION

The existence of the Company shall commence upon the date of execution of this instrument, which shall be within five (5) business days prior to filing hereof. The period of duration for the Company shall be: perpetual.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of Company's initial registered office in the state is: COLLEEN M. SMALE WELL-BEING SERVICES, LLC. COLLEEN M. SMALE 2374 BOUGAINVILLEA STREET, SARASOTA, FLORIDA 34239.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members, and the name and address of each is:

COLLEEN M. SMALE 2374 BOUGAINVILLEA STREET, SARASOTA, FLORIDA 34239.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No additional member(s) shall be admitted to the

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Company without written consent of all members of the Company and on such terms and conditions as shall be determined by all members, except as otherwise provided in the Company's regulations initially executed by all members.

ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be: The business of the Company may be continued only by written consent of all remaining members, except as otherwise provided in the Company's regulations initially executed by all members.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on July 12, 2024.

Colleen M Smale

COLLEEN M. SMALE
As Member

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CLERK OF CIRCUIT COURT
SARASOTA COUNTY, FL

STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 12 day of July, 2024, by COLLEEN M. SMALE who is personally known to me or who has produced _____ as identification.

George Browning III

Notary Public

My Commission Expires:

GEORGE BROWNING III
MY COMMISSION # HH 076128
EXPIRES: April 30, 2025
Bonded Thru Notary Public Underwriters

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: COLLEEN M. SMALE WELL-BEING SERVICES, LLC

2. The name and address of the registered agent and office is: COLLEEN M. SMALE 2374 BOUGAINVILLEA STREET, SARASOTA, FLORIDA 34239.

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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.

DATED this 12 day of July, 2024.

Colleen M Smale
COLLEEN M. SMALE

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of COLLEEN M. SMALE WELL-BEING SERVICES, L.L.C., deposes and says:

1. The above named limited liability company has at least one member.

2. The total amount of cash contributed by the member(s) is $ 1000.00._

Signature of a member or authorized representative of a member.

In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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STATE OF FLORIDA
COUNTY OF SARASOTA

Subscribed and sworn to before me by _ COLLEEN M. SMALE as member, and on behalf of COLLEEN M. SMALE WELL-BEING SERVICES, LLC, a Florida limited liability company, who personally appeared before me at the time of notarization and is personally known to me or produced satisfactory evidence of identification and who did take an oath, on _July 12,_ 2024

Notary Public

My Commission Expires:

GEORGE BROWNING III
MY COMMISSION # HH 076128
EXPIRES: April 30, 2025
Bonded Thru Notary Public Underwriters