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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : AOM SERVICES LLC
Account Number : I20230000018
Phone : (516)295-3294
Fax Number : (516)620-6829

2024 AUG 23 PM 3:00

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

Email Address: nathan@aomservicesllc.com

FLORIDA LIMITED LIABILITY CO.

Bal Harbor Wellness Retreat LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bal Harbor Wellness Retreat 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:

Nathan Rekant

Name of Person

AOM Services

Firm/Company

207 Rockaway Tpke

Address

Lawrence, NY 11559

City/State and Zip Code

nathan@aomservicesllc.com

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

For further information concerning this matter, please call:

Nathan 516 295-3294
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:

Bal Harbor Wellness Retreat 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:11900 N Bayshore Dr Unit 101N Miami Beach FL, 33181Mailing Address:11900 N Bayshore Dr Unit 101N Miami Beach FL, 33181

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:

Akiva Podolsky

Name

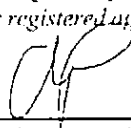
11900 N Bayshore Dr Unit 101Florida street address (P.O. Box **NOT** acceptable)N Miami BeachFL33181

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)

