

L24000761887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

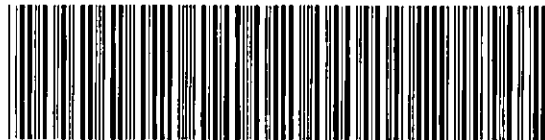
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 AUG 13 PM 4:42

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAYNEES BABIES 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:

ARTHEMON JOHNSON
Name of Person

Firm/Company

2412 NW 108th STREET
Address

MIAMI, FL. 33167
City/State and Zip Code

hyaj38@bellsouth.net
E-mail address: (to be used for future annual report notification)

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:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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2004 AUG 19 PM 4:42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAYNEES BABIES 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:

1502 BRUTON BLVD
ORLANDO, FL.
32805

Mailing Address:

2412 NW 108th ST
MIAMI, FL.
33167

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:

WILMA O. STRONG

Name

2412 NW 108th STREET

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

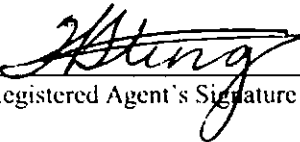
MIAMI, FLORIDA 33167

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

ARTHEMON JOHNSON
2412 NW 108th ST.
MIAMI, FL 33167

MGR

RALPH O. JOHNSON SR.
489 Friendship Drive
Orlando, FL 32825

MGR

RAYMOND JOHNSON
60914 Waldmohr
Am Muhlweier 4

AMBR

ARTLYN JOHNSON
2722 ACTON ST.
BERKELEY, CA 94702

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 SEPT 2024 (OPTIONAL)

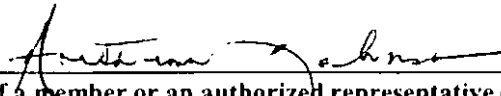
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

our purpose is to preserve and promote the traditions
of midwifery and to share the legacy teachings of
Florida's own granny midwives.

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.

ARTHEMON JOHNSON

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)

Article IV (additional)

The name and address of each person authorized to manage and control the Limited Liability Company

Title

AMBR

Name/Address

RALPH O. JOHNSON JR.

489 Friendship Drive

Orlando, FL 32825