

Division of Corporations

## 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 : CUSI CONSULTING, INC.  
Account Number : I20230000150  
Phone : (786)616-3495  
Fax Number : (305)714-3014

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

### FLORIDA LIMITED LIABILITY CO. JZ Wellness and Spa, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2024 SEP 24 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

JZ Wellness and Spa, 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:
149 Ponce de Leon Street	
Royal Palm Beach, FL 33411	

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:

Denisleydis Denis		
Name		
149 Ponce de Leon Street		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
Royal Palm Beach	Florida	33411
City	State	Zip

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CLERK OF STATE  
TALLAHASSEE, FL

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..

Denisleydis Denis  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

