

624000529395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

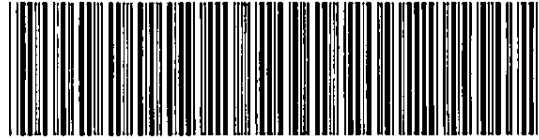
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 DEC 26 PM 9:47

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2024 DEC 26 PM 3:25

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature

Everyday Herbals, LLC

Business

#Document

Walk in

Will wait

 Certified Copies of the Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 X LLC

 Domestication

 INC

 CORP

 OTHER

AMENDMENTS

 Amendment

 Resignation of R.A.

 Change of Registered Agent

 Dissolution/Withdrawal

 Conversion

 Statement of Authority

 Merger

 Amended and Restated Articles

OTHER FILINGS

 Annual Report

 Fictitious Name

 Statement of Authority

 APOSTIL

 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 Statement of CORRECTION

 Domestication of a Foreign Corp.

 Other

EXAMINER'S INITIALS:

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2024 DEC 26 AM 9:47
TALLAHASSEE, FL
WILLIAMS & BROWN

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Everyday Herbals, 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:

Beth Stute

Name of Person

Firm/Company

1000 Palmer Street

Address

Orlando, FL 32801

City/State and Zip Code

bethstute@gmail.com

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

For further information concerning this matter, please call:

Beth Stute at (407) 341-4835
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everyday Herbals, 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:

1000 Palmer Street

Orlando, FL 32801

1000 Palmer Street

Orlando, FL 32801

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:

Beth Stute

Name

1000 Palmer Street

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

Orlando

FL


32801

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)

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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

Beth Stute
1000 Palmer Street
Orlando, FL 32801

2024 DEC 25 AM 9:47
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

(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:



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.

Beth Stute

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)