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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

MS

COVER LETTER

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

SUBJECT: Willow and Sage Services 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:

Oliver Toliver
Name of Person
Bella Vista Holdings
Firm/Company
7777 N Wickham Road STE 12-110
Address
Melbourne FL 32940
City/State and Zip Code
info@borneomanagement.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oliver Toliver at (321) 209-4279
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:

Willow and Sage Services 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:

7777 N Wickham Road STE 12-100

Melbourne

32940

Mailing Address:

7777 N Wickham Road STE 12-110

Melbourne

32940

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:

Bella Vista Holdings

Name

7777 N Wickham Road STE 12-110

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

Melbourne

FL

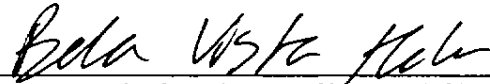
32940

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

MGR

Name and Address:

Samantha Dunn

7777 N Wickham Road STE 12-110

Melbourne, FL 32940

(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.

~~By~~ Samantha ~~Witness~~ Dunn

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)

7777 N Wickham Road, STE 12-110
Melbourne, FL 32940
(321) 209-4279

April 8, 2025

Florida Department of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Filing of Articles of Organization for Willow and Sage Services, LLC

Dear Sir or Madam,

I am submitting the Articles of Organization for a new Florida Limited Liability Company, **Willow and Sage Services, LLC**. Enclosed please find the following:

- Completed **Articles of Organization**
- Filing fee in the amount of **\$125**, provided via **money order**

Please process this filing at your earliest convenience. If there are any issues or additional requirements, I can be reached at (321) 209-4279 or by mail at the address listed above.

Thank you for your assistance.

Sincerely,

Samantha Dunn

Organizer
Willow and Sage Services, LLC