

1020000 31365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

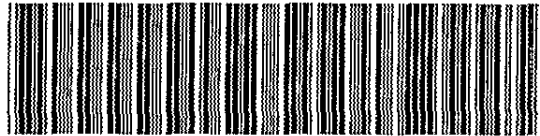
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/22/02
1088

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SUBJECT: Health News Network, LLC
(PROPOSED NAME)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$100.00
Filing Fee

☒ \$25.00
Designation of
Registered
Agent

☐ \$30.00
Certified Copy
(Optional)

☐ \$5.00
Certificate of
Status
(Optional)

ADDITIONAL COPY REQUIRED

FROM: Brian Hyder
Name (Printed or typed)
126 North 3rd Avenue
Address
Safety Harbor, FL 34695
City, State & Zip
727-560-6064
Daytime Telephone number

Note: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Health News Network, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

126 North 3rd Avenue
Safety Harbor, FL 34695

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Stephen Simone, CPA
Name

6439 Central Avenue
Florida street address (P.O. Box NOT acceptable)

St. Petersburg, FL 33710-8411
City, State, and Zip

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TALLAHASSEE, FLORIDA

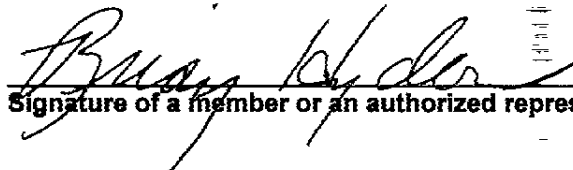
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.

Stephen Simone
Registered Agent's Signature

Article IV - Management (Check box if applicable)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian Hyder

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)