

L020000031598

(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:

Name
Availability

Document
Examiner

DCC

Undater

DCC

Office Use Only

Undater
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



000009077090

11/25/02--01001--003 **30.00

11/25/02--01001--004 **125.00

RECEIVED

FILED

02 NOV 22 PM 2:45

02 NOV 22 PM 2:59

STATE
CLERK
TALLAHASSEE
FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Tricia Tadlock

DATE:

11.22.02

REF. #:

0174.10930

CORP. NAME:

All-Healthy, L.L.C.

02 NOV 22 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 503738 FOR \$ 30.00
503734 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

ALL-HEALTHY, L.L.C.,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

ALL-HEALTHY, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

240 N. Washington Boulevard
Suite 530
Sarasota, FL 34236

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Kenneth D. Doerr

240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

FILED
02 NOV 22 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 21st day of November, 2002.

WITNESSES:

Shayne A. Boggs
Print Name SHAYNE A. BOGGS

Cheryl E. Johnson
Print Name CHERYL E. JOHNSON

Kenneth D. Doerr
KENNETH D. DOERR

FILED
02 NOV 22 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"AUTHORIZED REPRESENTATIVE"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

ALL-HEALTHY, L.L.C.

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

Kenneth D. Doerr
240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

FILED
02 NOV 22 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: November 21, 2002


KENNETH D. DOERR

“REGISTERED AGENT”