

L03000020333

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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EFFECTIVE DATE  
05/28/03

FILED  
2003 JUN -4 PM 2:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 5 2003

Date: 5-28-03

Name: Dr. Marla LaVoie

PO Box 802534

North Miami Beach, FL 33280

Phone: 305-692-2484

Cell - 305-342-9797

EFFECTIVE DATE  
05/28/03

Thank you

Marla LaVoie

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

1-888-Heel Hurt LLC**ARTICLE II - Address:**

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

NAME 1-888-Heel Hurt LLC  
PO Box 802534, North Miami Beach, 33280**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Marla LaVoice

Name

19111 Collins Ave #2806

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

Sunny Isles, FL 33160

City, State, and Zip

**EFFECTIVE DATE**05/28/03

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.

Marla LaVoice  
Registered Agent's Signature

Marla LaVoice

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

Marla LaVoice Marla LaVoice  
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.)

Marla LaVoice

Typed or printed name of signer

\* I would like  
for the effective  
date to be:  
MAY 28, 2003

**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)

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