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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

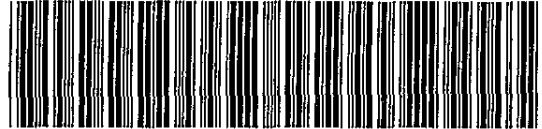
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TALLAHASSEE, FLORIDA

04 APR - 6 PM 12:39

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L04-28522
OK

Atlantic Nutrition Centers, LLC

YGEIA
HEALTH
CENTER

Michael Epitropoulos

Ph.D. Clinical Nutrition
D.C. (Ret)

John G. Symeonides

M.D., Family Practice

3/30/04

Division of Corporations
Post Office Box 6327
Tallahassee, Fl. 32134

To whomever it may concern;

I was told by someone in your office that our registration for our company ATLANTIC NUTRITION CENTERS, LLC was overpaid by \$150.00 FOR THE RENEWAL. I would sincerely appreciate the rectification of this situation.

Thank you,



Dr. Michael Epitropoulos, D.C., Ph.D.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1844 B S. Oceanshore Blvd., Flagler Beach, FL 32136-3802

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Healing Solutions
(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:

Kim Sharps
(Name of Person)

Natural Healing Soultions, LLC
(Firm/Company)

261 Glenbriar Circle
(Address)

Daytona Beach, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Sharps at (386) 299-3120
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Natural Healing Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

261 Glenbriar Circle

Daytona Beach, FL 32114

Mailing Address:

261 Glenbriar Circle

Daytona Beach, FL 32114

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

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

Kim Sharps

Name

261 Glenbriar Circle

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

Daytona Beach

FLORIDA 32114

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 2012 12:35

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kim Sharps

261 Glenbriar Circle

Daytona Beach, FL 32114

MGRM

Michael Epitropoulos

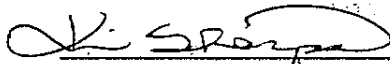
2711 North Halifax Drive STE 292

Daytona Beach, FL 32118

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Kim Sharps

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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