

LOS0000 25226

(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:

Office Use Only



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03/11/05--01044--002 **160.00

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MAR 11 2005
CLERK'S OFFICE

2005 MAR 11 PM 12:45

FILED

March 8, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

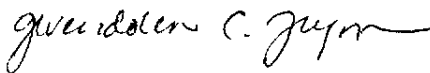
To Whom It May Concern:

Enclosed are the forms and fees to establish a Florida Limited Liability Corporation.
Along with the Articles of Organization is a check in the amount of **\$160.00** for:

\$ 125.00 Filing fee for Articles of Organization
\$ 30.00 fee for a Certified Copy
\$ 5.00 for a Certificate of Status

On behalf of *Habits for Your Health, LLC* I thank you for your attention to this matter.

Sincerely,



Gwendolen Flynn
Manager, *Habits for Your Health, LLC*
772.473.6084

2005 MAR 11 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Habits for Your Health, 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:

Gwendolen Flynn
(Name of Person)

Habits for Your Health, LLC
(Firm/Company)

140 38th Ct.
(Address)

Vero Beach, Florida 32968
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Flynn, III at (772) 633-6810
(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)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Habits for Your Health, LLC

ARTICLE II - Address:

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

Principal Office Address:

140 38th Ct
Vero Beach, Florida 32968

Mailing Address:

140 38th Ct
Vero Beach, Florida 32968

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

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

Gwendolen Flynn
Name
140 38th Ct.
Florida street address (P.O. Box **NOT** acceptable)
Vero Beach, FL 32968
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, F.S.

Gwendolen Flynn
Registered Agent's Signature

(CONTINUED)

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

Gwendolen Flynn

140 38th Ct.

Vero Beach, Florida 32968

MGRM

Philip Flynn, III

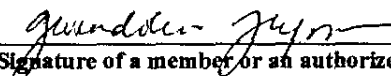
140 38th Ct.

Vero Beach, Florida 32968

(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.)

Gwendolen Flynn

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)

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TALLAHASSEE, FLORIDA

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