

L05 000122924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

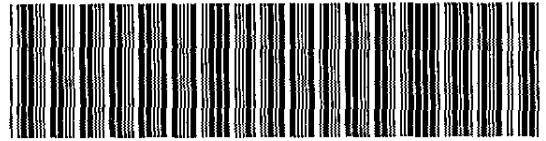
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CALL

Office Use Only

OK



000062316900

12/28/05--01042--021 \*\*155.00

FILED

2005 DEC 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 DEC 28 AM 11:55

DIVISION OF REGISTRATION

GRAY | ROBINSON  
ATTORNEYS AT LAW

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
FAX 850-577-3311  
gray-robinson.com

CLERMONT  
FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

December 28, 2005

Division of Corporations  
2661 Executive Center  
Circle West  
Tallahassee, FL 32301

Via Hand Delivery

FILED  
2005 DEC 28 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

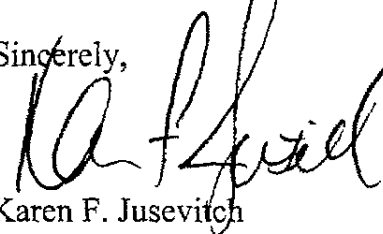
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

**HEALTHY VALUES, LLC**

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely,



Karen F. Jusevitch  
Paralegal

/kfj  
Enclosures

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

FILED  
2005 DEC 28 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Healthy Values, LLC

**ARTICLE II – Address:**

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

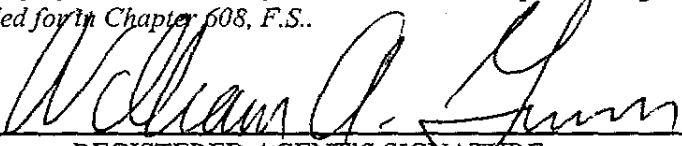
5373 Isleworth Country Club Drive  
Windermere, FL 34786

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

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

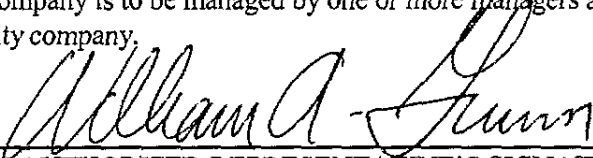
William A. Grimm  
301 E. Pine Street, Suite 1400  
Orlando, Florida 32801

*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..*

  
REGISTERED AGENT'S SIGNATURE

**Article IV - Management:**

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

  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

\_\_\_\_\_  
William A. Grimm  
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)