

L06000057208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

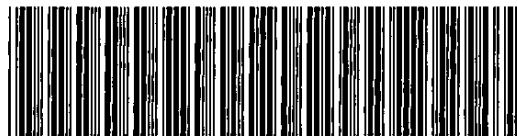
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/31/06--01005--009 \*\*125.00

EFFECTIVE DATE  
06-01-06

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 31 PM 2:13

B. McKnight JUN 05 2006

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOVING LIGHT HEALING CENTER L.L.C.  
(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:

Helen Watson

(Name of Person)

A Better Business & Tax Service, Inc.

(Firm/Company)

600 Goodlette Road N., Ste. 104

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Watson

(Name of Person)

at ( 239 ) 263-0829

(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EFFECTIVE DATE**

06-01-06

LOVING LIGHT HEALING CENTER L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

150 OAKWOOD COURT

150 OAKWOOD COURT

NAPLES, FL 34110

NAPLES, FL 34110

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

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

LINDA COYKENDALL

Name

150 OAKWOOD COURT

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

NAPLES FLORIDA 34110

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..*

Linda Coykendall

Registered Agent's Signature

**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:**

MGRM

LINDA COYKENDALL

150 OAKWOOD COURT

NAPLES, FL 34110

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(Use attachment if necessary)

**ARTICLE V - COMMENCEMENT OF EXISTENCE**

The L.L.C. shall be deemed to commence on the 1st of June, 2006.

**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.)

LINDA COYKENDALL

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)