

L060000083184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

POA-19515

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



500077314795

05/22/06-01012-003-
#52.50

08/23/06--01002--012 **102.50

2006 AUG 22 A 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2006

KELLY M. SPIVEY
2101 OAK HILL DR.
VALRICO, FL 33594

SUBJECT: HEALTHCOACH, INC.
Ref. Number: P02000019515

We have received your document for HEALTHCOACH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$132.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 306A00037164

2006 JUN 22 A 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCOACH, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Kelly Spiven
(Contact Person)
HealthCoach
(Firm/Company)
2101 Oak Hill Dr
(Address)
Valrico, FL 33594
(City, State and Zip Code)

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For further information concerning this matter, please call:

Kelly Spiven at (813) 684-3577
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☒ \$155.00 Filing Fees and Certificate of Status ☐ \$180.00 Filing Fees and Certified Copy ☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
Bal. 102.50

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

5. If not effective on the date of filing, enter the effective date: _____.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 11th day of AUGUST 2006.

Signature of Authorized Person: Kelly M. Spivey

Printed Name: KELLY M. SPIVEY Title: PRESIDENT / Managing

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Fees:

| | |
|--|---------------------|
| Certificate of Conversion: | ✓ \$25.00 |
| Fees for Florida Articles of Organization: | ✓ \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | ✓ \$5.00 (Optional) |
| | <u>\$155.00</u> |

Page 2 of 2

155
- 52.50

Bal. \$102.50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHCOACH, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4524 N. 56th ST
TAMPA, FL 33610

Mailing Address:

2101 OAK HILL DR
VALRICO, FL 33594

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

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KELLY SPIVEX
Name
2101 OAK HILL DR
Florida street address (P.O. Box **NOT** acceptable)
VALRICO FL 33594
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

MGR

Kelly Spiven
2101 Oak Hill Dr

Valrico FL 33594

Daniel Spiven

2101 Oak Hill Dr

Valrico, FL 33594

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 8/7/08
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Kelly Spiven
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.)

Kelly M. Spiven
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)