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COVER LETTER

Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: A Natural Approach To Menopause L.L.C.

Enclosed are Articles of Organization and fees are submitted filing.

Pease return all correspondence concerning this matter to the following:

FLAMINGO ACCOUNTING

10801 S.W. 51ST COURT

FORT LAUDERDALE, FL 33328

954-434-2493

₩ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate ☐ \$155.00
Filing Fee
& Certified
Copy

☐ \$160.00
Filing Fee,
Certified Copy
& Certificate

NOTE: please provide the original and one copy of the articles.

ATRICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

OF

A NATURAL APPROACH TO MENOPAUSE L.L.C.

The undersigned, desiring to form a Limited Liability Company under the provisions of the Laws of the State of Florida, hereby make, subscribe and acknowledge before a Notary Public, and file with the Secretary of State of the State of Florida, the following Articles of Organization for such Limited Liability Company:

ARTICLE I

Name of Limited Liability Company

The name of the Limited Liability Company shall be: A Natural Approach to Menopaise, L.L.C.

ARTICLE II

Principal Place of Business

The initial mailing and street address of the principal office of this limited liability company is 15021 S.W. 13th Court, Sunrise, Florida 33326.

ARTICLE III

Purpose of Business

The limited liability company may engage in every aspect and phase of each and every lawful business or operation permitted under the laws of the United States and the State of Florida. The general nature of the business to be conducted and carried on by this limited liability company is all aspects of routine Gyn care, specializing in menopause providing consultation, support, and teachings of natural approaches to menopause.

ARTICLE IV

Term of Existence

This limited liability company shall exist on a perpetual basis commencing on the date of execution and acknowledgment of these Articles of Organization.

ARTICLE V

Registered Office/ Registered Agent

The initial designation of the registered office of this limited liability company shall be 10801 SW 51st Court, Fort Lauderdale, Florida 33328, and the registered agent shall be Joanne Fried, E.A.

Pursuant to Florida Statutes Section 608, having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the Articles of Organization, 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.

Registered Agent

ARTICLE VI

Name and address of Manager or Managing Member

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

Debbie Mellen "MGR", "MGRM" 15021 SW 13th Court Sunrise, FL 33326

ATRICLE VII

Effective date

Effective date of said limited liability company is October 10th, 2006.

I, the undersigned, being each and all of the original managing Member hereinabove named for the purpose of forming a limited liability company for profit to do business both without and within the State of Florida, do hereby make, subscribe, acknowledge and file these Articles of Organization, hereby declaring and certifying that the facts therein stated are true and correct and accordingly have hereunto set our hands and seals this 12th day of October 2006.

Deborah Jean Drozdik Mellen ARNP-RO

Managing Member, Manager

STATE OF FLORIDA) ss COUNTY OF)

BEFORE ME, the undersigned authority, personally appeared Deborah Jean Drozdik Mellen, who after being by me first duly cautioned and sworn, upon their respective oath deposes and says that they are a party to the foregoing Articles of Organization and acknowledged the said execution to be their free and voluntary act and deed, and that the facts therein stated are truly set out, and are personally known to me or produced a Florida Drivers License as identification.

WITNESS my hand and official seal at <u>Broward County</u>, Florida on the day and date first above set forth.

Notary Public:

My commission Expires:

Seal:

RALPH BONILLA Notary Public. State of Florida Commission# DD531010 My comm. expires Mar. 21, 2010