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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLARK LAW OFFICE, P.A.

Alfred W. Clark, Jr., Esquire
222 Industrial Blvd., Suite 187
Naples, FL 34104
Phone (239) 262-8063 Fax (239) 643-0380

September 26, 2007

Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Naples Health Hut, Inc.

To Whom It May Concern:

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Clark Law Office, P.A.
222 Industrial Blvd., Suite 187
Naples, FL 34104

Enclosed also is our check in the amount of \$87.50 payable to the Department of State for filing fees (\$35.00), Registered Agent Designation (\$35.00), Certified Copy of the Articles of Incorporation (\$8.75) and Certificate of Status (\$8.75).

Also enclosed for filing is an Amendment to the Articles of Incorporation for the change of name of Naples Health Hut, Inc. Doc. No. P97000088301, and a check for \$43.75 for this amendment (\$35.00) and certified copy (\$8.75).

Please return the enclosed requested copies in the enclosed UPS pre-paid envelope.

For further information concerning this matter, please call our office at (239) 262-8063.

Sincerely,



Alfred W. Clark, Jr., Esquire



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2007

CLARK LAW OFFICE, P.A.
ALFRED W. CLARK JR. ESQ.
222 INDUSTRIAL BLVD., STE. 187
NAPLES, FL 34104

SUBJECT: NAPLES HEALTH HUT, LLC
Ref. Number: W07000048940

We have received your document for NAPLES HEALTH HUT, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 007A00057803

**ARTICLES OF ORGANIZATION
OF
NAPLES HEALTH HUT, LLC**

ARTICLE I - NAME

The name of the limited liability company is NAPLES HEALTH HUT, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

2368 IMMOKALEE ROAD
NAPLES, Florida 34110

Mailing Address:

2368 IMMOKALEE ROAD
NAPLES, Florida 34110

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

JAMES ROBINSON
2368 IMMOKALEE ROAD
NAPLES, Florida 34110

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..


JAMES ROBINSON

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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TALLAHASSEE, FLORIDA

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

JAMES ROBINSON
2368 IMMOKALEE ROAD
NAPLES, Florida 34110

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be SEPTEMBER 28, 2007..

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.)

JAMES ROBINSON

Typed or printed name of signer

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