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**EXAMINER**



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

: DOSS | WEEKS  
CERTIFIED PUBLIC ACCOUNTANTS

Stephen E. Doss, CPA

Donald Robert Weeks, CPA

December 27, 2007

**CONFIDENTIAL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT: SOLUTIONS FOR HEALTHY LIVING, L.L.C.**

To Whom It May Concern:

Enclosed please find the original and one copy of the executed Articles of Organization for Solutions for Healthy Living, L.L.C..

Please return the stamped copy and all correspondence concerning this matter to the following:

Donald Robert Weeks  
Doss Weeks, P.A.  
2338 South Eighth Street  
Fernandina Beach, Florida 32034

Also, enclosed please find a check in the amount of \$125.00 for the filing fee.

If you have any questions or if you need any additional information, you may call me at (904) 277-0009.

Thank you for your attention to this matter.

Sincerely,



Rob Weeks

Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:

**SOLUTIONS FOR HEALTHY LIVING, L.L.C.**

## ARTICLE II – Address:

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

### **Principal Office Address:**

4536 Fiddler Drive  
Fernandina Beach, Florida 32034

### **Mailing Address:**

4536 Fiddler Drive  
Fernandina Beach, Florida 32034

## ARTICLE III – Purpose

The purpose for which this Limited Liability Company is organized is any and all lawful business.

## ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Donald Robert Weeks  
Doss Weeks, P.A.  
2338 South 8<sup>th</sup> Street  
Fernandina Beach, Florida 32034

*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

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TALLAHASSEE, FLORIDA

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**ARTICLE V – Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

MGRM

Susan K. Tatem  
4536 Fiddler Drive  
Fernandina Beach, Florida 32034

MGRM

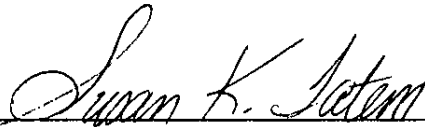
Robert K. Tatem  
4536 Fiddler Drive  
Fernandina Beach, Florida 32034

**ARTICLE VI – Effective Date**

The effective date of this Limited Liability Company shall be January 1, 2008.

**REQUIRED SIGNATURE:**

EXECUTED this 27<sup>th</sup> day of DECEMBER, 2007.



Signature of a member or an authorized representative of a member.

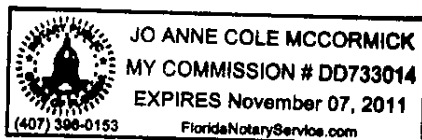
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

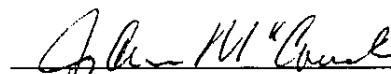
Susan K. Tatem

STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of December, 2007, by Susan K. Tatem, who is personally known to me or who presented FLORIDA DISCOUNT as identification and who did take an oath. 7350-791-62-742-0



  
Name:  
Notary Public, State of Florida  
My Commission Expires:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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