

LO900025884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

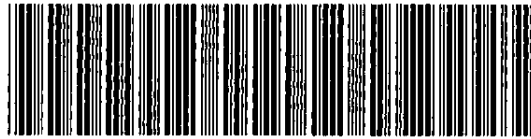
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000143445430

02/17/09--01035--007 **160.00

FILED
09 MAR 16 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

EXAMINER

S. HAWKES

MAR 17 2009

EXAMINER

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2009

STANLEY M FISHER
22 WATERFORD LANE
BEACHWOOD, OH 44122

SUBJECT: NATURAL HEALTH ALTERNATIVES, L.L.C.
Ref. Number: W09000007902

We have received your document for NATURAL HEALTH ALTERNATIVES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00005823

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR NATURAL HEALTH, 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:

STANLEY M. FISHER ESQ. (MEMBER OF FLA BAR)

(Name of Person)

STANLEY M. FISHER Ltd

(Firm/Company)

22 WATERFORD LANE

(Address)

BEACHWOOD, OHIO 44122

(City/State and Zip Code)

For further information concerning this matter, please call:

STANLEY M. FISHER at 216 592-6763
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: *You have check.*

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR NATURAL HEALTH, L.L.C,

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

ARTICLE II - Address:

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

Principal Office Address:

734 Regency Reserve Circle

#2703

Naples, Florida 34119

Mailing Address:

Same

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:

MONICA GOODWIN

Name

734 REGENCY RESERVE CIRCLE # 2703

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

NAPLES, FLORIDA 34119

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)

Page 1 of 2

FILED
09 MAR 16 PM 12:38
SECRETARY OF STATE
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

Monica Goodwin

734 Regency Reserve Circle #2703

Naples, Florida 34119

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

Monica Goodwin

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)

FILED
09 MAR 16 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA