# L09 000035364

(Requestor's Name)
·
(Address)
(1000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial measure to 1 ming officer.

Office Use Only



600145623956

03/17/09--01009--002 \*\*125.00

2009 MAR 17 PM 2: 06
SECRETARY OF STATE

T. CLINE
APR 13 2009
EXAMINER



March 18, 2009

MILDRED KOELLIKER 3550 CLIPPY'S DR. TALLAHASSEE, FL 32303

SUBJECT: HEALTH AND HARMONY, LLC

Ref. Number: W09000012795

We have received your document for HEALTH AND HARMONY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been 해당 and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as are it is not distinguishable from the name of an administratively dissolved/revelled 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 affidavite of 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.

The document number of the name conflict is P95000005805.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 209A00009190

STATE OF FLORIDA )
COUNTY OF LEON )

Florida.

#### ARTICLES OF ORGANIZATION OF A LIMITED LIABILITY COMPANY

THE UNDERSIGNED SUBSCRIBER to these Articles of Organization of a Limited Liability Company, a natural person competent to contract, hereby elects to form a Limited Liability Company under the laws of the State of Florida.

#### ARTICLE I. - NAME

The name of the Limited Liability Company shall be Pathways to Health Harmony, LLC, and its principal office is to be located in Leon County

## ARTICLE II. - PRINCIPAL OFFICE

This Limited Liability Company will have as its principal office address: 3550 Clippy's Dr., Tallahassee, FL 32303 and will exist in perpetuity, unless voluntarily dissolved, or dissolved by operation of law.

# ARTICLE III. - PURPOSE

The purposes of this Limited Liability Company shall be to transact any and all lawful business under the Laws of the State of Florida.

# ARTICLE IV. - REGISTERED AGENT

The Limited Liability Company hereby appoints Mildred H. Koelliker, 3550 Clippy's Dr., Tallahassee, FL. 32303, to serve as registered agent.

#### ARTICLE V. - AMENDMENTS TO ARTICLES

These Articles of Organization may be amended from time to time as may be required in compliance with Florida Statutes.

## ARTICLE VI. - EFFECTIVE DATE

The EFFECTIVE DATE OF THIS organization is March 30,2009, or the effective date as determined by the State of Florida if subsequent to March 30, 2009.

IN WITNESS WHEREOF, we, the aforementioned Incorporators, have hereunto

affixed our hands and seals this 8th Day of April, A.D. 2009.

AMV.

STATE OF FLORIDA)

COUNTY OF LEON )



I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Mildred H. Koelliker, known by me to be the persons described in and who subscribed the foregoing Articles of Organization of a Limited Liability Company, and she acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS MY HAND and official seal this  $\frac{\mathcal{O}}{}$  Day of April, 2009, in the County of Leon, and State of Florida.

My commission expires:

2009 HAR 17 PM 2: 06
SECRETARY OF STATE
TALLAHASSEE. FLORIO

# ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Mildred H. Koelliker

Registered Agent

1/ 1/ C