

L100000018051

(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:

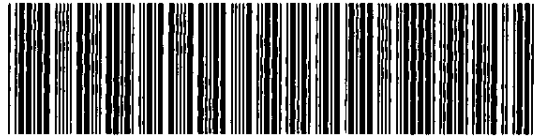
L. SELLERS

FEB 17 2010

EXAMINER

~~1110 3007~~

Office Use Only



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01/21/10--01016--014 **125.00

FILED
10 FEB 03 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health by Chocolate 101, LLC
Name of Limited Liability Company

(A Division of Xocai)
MXI

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madeleine Michele Porter

Name of Person

DBA: Health by Chocolate 101

Firm/Company

10030 59th Ave N

Address

Saint Petersburg, FL 33708

City/State and Zip Code

porterchocolate@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeleine Michele Porter

Name of Person

at (**573**)

645-1322

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2010

MADELEINE MICHELE PORTER
10030 59TH AVENUE N
ST. PETERSBURG, FL 33708

SUBJECT: HEALTH BY CHOCOLATE 101, LLC
Ref. Number: W10000003397

We have received your document for HEALTH BY CHOCOLATE 101, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 21, 2010. Please amend your document accordingly.

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: 210A00001859

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health by Chocolate 101, LLC

(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:

Mailing Address:

Madeleine Michele Porter
10030 59th Ave N
Saint Petersburg, FL 33708

Health by Chocolate 101, LLC
10030 59th Ave N
Saint Petersburg, FL 33708

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:

Madeleine Michele Porter

Name


10030 59th Ave N

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

Saint Petersburg, FL

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)

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10 FEB 03 AM 11:30
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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

Carol Sloan Browne

10030 59th Ave N

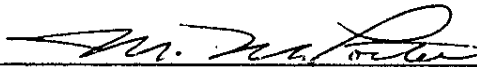
Saint Petersburg, FL 33708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/3/10 ^{nt} (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.)

Madeleine Michele Porter

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
10 FEB 03 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA