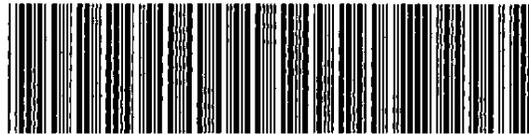


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 3/1/10

D. BRUCE

FEB 17 2010

EXAMINER

SHIRLEY & JOSEPH ARCHER

721 Indiana Avenue • Fort Lauderdale, FL 33312
954.584.3174 202.841.0032 shirleyarcher76@yahoo.com

February 12, 2010

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

RE: Pathways for Healthy Living, LLC

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

Shirley Archer
721 Indiana Avenue
Fort Lauderdale, Florida 33312
Email: shirleyarcher76@yahoo.com
Phone: 954-584-3174

Enclosed is a check for \$160.00 for a Certificate of Status, Certified Copy of incorporation, and Certificate of Status.

Thank you in advance for your assistance.

Shirley Archer
Shirley Archer
Enclosure(s)

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10 FEB 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR A LIMITED LIABILITY COMPANY
STATE OF FLORIDA**

ARTICLE I: The name of the Limited Liability Company is **PATHWAYS FOR HEALTHY LIVING, LLC**

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is **721 INDIANA AVENUE, FORT LAUDERDALE, FLORIDA 33312.**

ARTICLE III: The name and the Florida street address of the registered agent are as follows:

Name: Charmaine E. Archer-Olmedo
Address: 1360 Silverado
North Lauderdale Florida 33068

Acknowledgement by Registered Agent

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.



Charmaine E. Archer-Olmedo
Registered Agent

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

Shirley Archer, **Manager**
721 Indiana Avenue
Fort Lauderdale, Florida 33312

Joseph Archer, **Managing Member**
721 Indiana Avenue
Fort Lauderdale, Florida 33312

ARTICLE V: The effective date of filing is March 1, 2010.

I solemnly affirm under the penalties of perjury that the facts stated herein are true.

BY: Shirley Archer
Shirley Archer, Manager

EFFECTIVE DATE 3/1/10

FILED
10 FEB 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA