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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696L. SELLERS
JUN 25 2010
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 JUN 24 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
think health, l.l.c.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 24 AM 10:40

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COVER LETTER

H10000148275

TO: Registration Section
Division of Corporations

SUBJECT: Think Health, LLC.
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:

Toni L. Villaverde, Esq.
Name of Person

Toni L. Villaverde, Esq.
Firm/Company

5901 SW 74 St #400
Address

Miami, Florida 33143
City/State and Zip Code

T.Villaverde@72VLegal.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Villaverde at (305) 662-2100
Name of Person 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
Citizens Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Think Health, 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:

5901 SW 74th
Suite 508
Miami, Florida 33143

Mailing Address:

5901 SW 74th
#400
Miami Florida

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:

Toni L. Villa Verde, Esq.

Name

5901 SW 74th #400

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

Miami FL 33143

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.

Toni L. Villa Verde

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

MGR

Olena Dementyeva
9301 SW 95 Ave, Apt 412
Miami, Florida 33176

(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:



Olena Dementyeva
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.)

Olena Dementyeva
Typed or printed name of signer

Filing Fee:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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