

L100000069843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

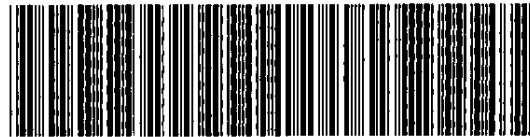
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/10--01022--025 **130.00

FILED
10 JUL -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: . Registration Section
Division of Corporations**

SUBJECT: Health Integrated Dynamics Ltd Co
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:

Jose M. Gomez

Name of Person

Firm/Company

20505 E. Country Club Drive, Ste. 534

Address

Miami, Florida 33180

City/State and Zip Code

hidltdco@gmail.com

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

For further information concerning this matter, please call:

Jose M. Gomez

Name of Person

at (305) 282-8135

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

June 11, 2010

JOSE M. GOMEZ
20505 E. COUNTRY CLUB DRIVE
SUITE 534
MIAMI, FL 33180

SUBJECT: HEALTH INTEGRATED DYNAMICS LTD CO
Ref. Number: W10000028021

We have received your document for HEALTH INTEGRATED DYNAMICS LTD CO and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name must end with the Words "Limited Liability Company, "L.L.C." OR "LLC"

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00014484

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health Integrated Dynamics 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:

20505 E. Country Club Drive

Ste. 534

Miami, Florida 33180

Mailing Address:

20505 E. Country Club Drive

Ste. 534

Miami, Florida 33180

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:

Jose M. Gomez

Name

20505 E. Country Club Drive, Ste. 534

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

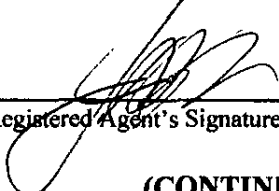
Miami

FL , 33180

City, State, and Zip

FILED
10 JUL -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Jose M. Gomez

20505 E. Country Club Drive, Ste. 534

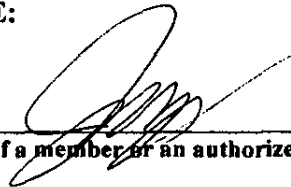
Miami, Florida 33180

(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.)

Jose M. Gomez

Typed or printed name of signee

FILED
10 JUL -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)