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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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EXAMINER



COVER LETTER

| ì | TO; Registration Division of | n Section Corporations | · | |
|-----------------|------------------------------|---|---|--|
| | • | | | |
| | SUBJECT: Health | y Home Shopping Netwo | | |
| | • | Name of Limit | ted Liability Company | واسم |
| | | | | |
| | The enclosed Articles | s of Organization and fee(s) are | submitted for filing. | |
| | Please return all corre | espondence concerning this mat | tter to the following: | [21] |
| | Deborah Na | aumann | | 10 JUL 27 M D 58 |
| | | | Name of Person | |
| | Healthy Hor | me Shopping Network LLC | ; | 6 |
| | | | Firm/Company | _ |
| | | | | |
| | 15750 Waite | e Island Drive | 4.13 | |
| | | | Address | |
| | Ft. Myers, F | L 33908 | | |
| | | | ty/State and Zip Code | |
| | debjohn84@ | gaol.com | | |
| | | E-mail address: (to be used | for future annual report notification) | |
| | For further information | on concerning this matter, pleas | e call: | •• |
| | | | | |
| Deborah Naumann | | | _ at (239) 225-8935 | |
| | Nan | ne of Person | Area Code & Daytime Teler | hone Number |
| | Enclosed is a check | for the following amount: | <i>r.</i> | |
| Į | ☑\$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 | Street/Courier Address Registration Section Division of Corporations | , . |
| | | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Cl | ircle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Healthy Home Shopping Network LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

y is:

| Principal Office A | ddress: | Mailing Address: |
|--|---|---|
| 15750 Waite Island Drive | 2 | same |
| Ft. Myers, FL 33908 | | |
| ARTICLE III - Re | egistered Agent. | Registered Office, & Registered Agent's Signature: |
| (The Limited Liability Cobusiness entity with an a | ompany cannot serve as ctive Florida registrati Florida street addi | s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: |
| (The Limited Liability Cobusiness entity with an a | empany cannot serve as ctive Florida registrati | s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: |
| (The Limited Liability Cobusiness entity with an a | ompany cannot serve as ctive Florida registrati Florida street addi | s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: Name |
| (The Limited Liability Cobusiness entity with an a | mpany cannot serve as ctive Florida registrati Florida street addi John Naumann 1149 Periwinkle | s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: Name |
| (The Limited Liability Cobusiness entity with an a | mpany cannot serve as ctive Florida registrati Florida street addi John Naumann 1149 Periwinkle | s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: Name e Way Suite B |

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) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Deborah Naumann 15750 Waite Island Drive Ft. Myers, FL 33908 Member John Naumann 1149 Periwinkle Way Suite B Sanibel, FL 33957 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Deborah K Naumann
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)