

L11000052220

Florida Department of State
Division of Corporations
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(((H11000123438 3)))



H110001234383ABCK

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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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RECEIVED
11 MAY -3 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HEALTHY WORLD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

MAY -4 2011

EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

FILED
2011 MAY -8 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

HEALTHY WORLD, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

8632 WOODBRIAR DRIVE
SARASOTA, FLORIDA 34238

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CONCETTA BIBENS
8632 WOODBRIAR DRIVE
SARASOTA, FLORIDA 34238

Having been named as registered agent 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.

x 

CONCETTA BIBENS / Registered Agent's signature

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PAGE 2 HEALTHY WORLD, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ONLINE NUTRITION UNLIMITED, LLC
6609 ARIZONA STREET, PO BOX 5361
BRADENTON, FLORIDA 34281

MANAGING MEMBER
PURPOSE SYNDICATE, LLC
5N112 PEARSON DR.
WAYNE, ILLINOIS 60184

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2011 MAY -3 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
x *Concetta Bibens*

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.

Concetta Bibens

PRINTED NAME OF SIGNEE

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