

L11000111762

Division of Corporations

02:00:54 09-29-2011

Page 1

1 / 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000237540 3)))



H110002375403ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: pprice@cfl.rr.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 29 AM 8:00

FILED

RECEIVED
11 SEP 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Institute for Better Bone Health, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

SEP 30 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H11000237540 3

ARTICLES OF ORGANIZATION
OF
INSTITUTE FOR BETTER BONE HEALTH, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSTITUTE FOR BETTER BONE HEALTH, LLC

ARTICLE II - Address:

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

Mailing AddressP.O. BOX 3068
ORLANDO, FL 32802-3068Principal Office Address1009 Greentree Drive
Winter Park, Florida**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

PAMELA O. PRICE
301 EAST PINE ST, STE 1400
ORLANDO, FL 32801

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

Article IV - Manager(s) or Managing Member(s):

The Limited Liability Company is to be managed by one or more managers and is, therefore, "manager-managed" limited liability company. The initial manager is Charles T. Price.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

PAMELA O. PRICE

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)

2011 SEP 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H11000237540 3