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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healingland Solutions 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:

Zafer Sabawi

Name of Person

Healingland Solutions

Firm/Company

2203 SW 10th Rd

Address

Ocala, FL 34474

City/State and Zip Code

LSABAWI@MSN.COM

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

For further information concerning this matter, please call:

Lesa Sutphin

Name of Person

at (352) 3514299

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

The undersigned, in order to form a Florida Limited Liability Company under FS § 608.407, submits the following:

ARTICLE ONE - Name

The name of the Limited Liability Company is **Healing Land Solutions, LLC.**

ARTICLE TWO - Address

Principal Office Address:

2203 SW 10th Road
Ocala, Florida 34474

Mailing Address:

2203 WSW 10th Rod
Ocala, Florida 34474

ARTICLE THREE

**Registered Agent, Registered Office
and Registered Agent's Signature**

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

Larry Collins
4326 NE County Hwy 329
Anthony, Florida 32617

Having been named as registered agent and to accept service of process for the above named 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 the 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, FS.


Larry Collins

ARTICLE FOUR Managing Members

MGRM

Zafer Sabawi
2602 NE 30th Avenue
Ocala, Florida 34470

MGRM

Lesia Sutphen
2602 NE 36th Avenue
Ocala, Florida 34470

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I am aware that any false information submitted in a document to the Department of State constitutes a third Degree felony as provided for in FS § 817.155.

Zafer Sabawi

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TALLAHASSEE FLORIDA