

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

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FLORIDA LIMITED LIABILITY CO.
FLB HEALTHY, LLC

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EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

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

FLB HEALTHY, LLC

ARTICLE I

The name of the Limited Liability Company shall be:

FLB HEALTHY, LLC

ARTICLE II

**The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.**

ARTICLE III

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

**187 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418**

ARTICLE IV

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

**FRIEDLAND & CO P.A.
12940 SW 128TH STREET SUITE 202
MIAMI, FL 33186**

ARTICLE V

The name and address of the Managing Member shall be:

**MANAGING MEMBER
EMILY GEHRING
187 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418**

**MANAGING MEMBER
CHRISTINE JOHNSTON
139 HAMPTON CIRCLE
JUPITER, FL 33458**

**MANAGING MEMBER
JULIE MCMANUS
248 PERSHING WAY
WEST PALM BEACH, FL 33401**

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ARTICLE VI

The name and address of the Member shall be:

**MEMBER
EMILY GEHRING
187 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418**

**MEMBER
CHRISTINE JOHNSTON
139 HAMPTON CIRCLE
JUPITER, FL 33458**

**MEMBER
JULIE MCMANUS
248 PERSHING WAY
WEST PALM BEACH, FL 33401**

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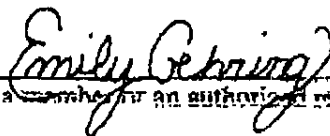
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

FLB HEALTHY, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Signature of Registered Agent



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.)

EMILY GEHRING

Typed or printed name of signer

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