

2/10/12

L120000370043

Division of Corporations
Florida Department of State
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: lynn@lyncotax.com

FLORIDA LIMITED LIABILITY CO.
Healthy Habits of LL LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

B. KOHR

FEB 14 2012

EXAMINER

FILED
CLERK OF COURT
12 FEB 13 AM 9:08

RECEIVED
12 FEB 13 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H12000037004

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ARTICLE I - Name

The name of the Limited Liability Company is: **Healthy Habits of LL LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

4359 Mandolin Boulevard

4359 Mandolin Boulevard

Winter Haven, FL 33884

Winter Haven, FL 33884

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Joseph McKee

Name

4359 Mandolin Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Winter Haven, FL 33884

(City / State / Zip)

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 - Joseph McKee

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member


Name and Address:

MGRM

Joseph McKee - 4359 Mandolin Blvd., Winter Haven, FL 33884

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Joseph McKee

Typed or printed name of signer