

L12000029582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

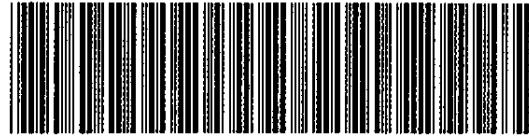
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 FEB 29 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR -1 2012
EXAMINER

**Dana Nolan
1132 Bent Birch Court
Altamonte Springs, FL 32714
407-340-2474**

February 23, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

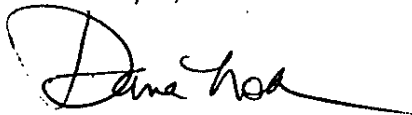
Re: Healthy Living Counseling

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following registered agent:

James Lavigne, Esq.
Lavigne, Coton and Associates
7087 Grand National Drive #100
Orlando, FL 32819

For further information concerning this matter, please call Dana Nolan at 407-340-2474.
Enclosed is a check for \$125 for the Filing Fee.

Thank you,

A handwritten signature in black ink, appearing to read 'Dana Nolan', with a long horizontal flourish extending to the right.

Dana Nolan
dana_nolan@hotmail.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2012 FEB 29 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

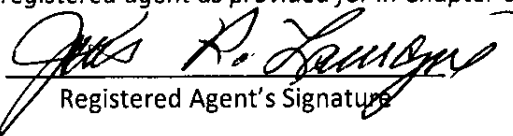
ARTICLE I- The name of the Limited Liability Company is Healthy Living Counseling, LLC.

ARTICLE II- The mailing address and street address of the principal office of the Limited Liability Company is 7087 Grand National Drive, Suite 100, Orlando, Florida 32819.

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

James Lavigne, Esq.
7087 Grand National Drive, Suite 100
Orlando, Florida 32819

Having been named as registered agent and to accept service of the 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 related 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..

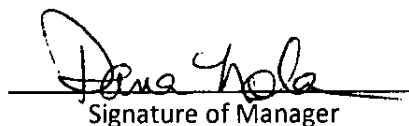

Registered Agent's Signature

ARTICLE IV- Manager:

The name and address of the Manager is Dana Nolan, 1132 Bent Birch Court, Altamonte Springs, Florida 32714.

ARTICLE V- Effective date: March 16, 2012

Required Signature:


Signature of Manager

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or perjury that the facts stated herein are true. 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 s. 817.155, F.S.)

Dana Nolan
Typed or printed name of signee