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

From: Account Name : KANETSKY, MOORE & DEBOER, P.A. Account Number : 075350000267 Phone : (941)485-1571 Fax Number : (941)484-7226

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FLORIDA LIMITED LIABILITY CO. Lincoln College of Natural Health, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (02), Estimated Charge (\$155.00)

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JUN 12 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lincoln College of Natural Health, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

1705 Lemon Ave.
Englewood, FL 34223

1705 Lemon Ave.
Englewood, FL 34223

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patty L. Monaghan
Name

1705 Lemon Ave.
Florida street address (P.O. Box NOT acceptable)
Englewood FL 34223
City, State, and Zip

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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.

Patty L. Monaghan
Registered Agent's Signature (REQUIRED)

THIS INSTRUMENT
PREPARED BY
Erik R. Lieberman
Attorney At Law
P.O. Box 1767
Venice, Florida
34284-1767
(941) 485-1571
Fla. Bar #393053

(CONTINUED)

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:

MGR

Patty L. Monaghan

1705 Lemon Ave.

Englewood, FL 34223

MGR

Thomas R. Monaghan

1705 Lemon Ave.

Englewood, FL 34223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. 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.)

Patty L. Monaghan

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)

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PREPARED BY
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Attorney At Law
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Venice, Florida
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Fla. Bar #393053