

L12000104015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238194119

08/13/12--01004--016 **125.00

RECEIVED
DEPARTMENT OF STATE
12 AUG 13 AM 10:40

FILED
12 AUG 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan AUG 14 2012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

livingtoheal, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

FILED

12 AUG 13 AM 8: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
livingtoheal, LLC.**

The undersigned subscriber to these Articles of Organization is a natural person competent to contract and hereby forms a for profit Florida Limited Liability Company pursuant to Chapter 608 of Florida Statutes.

ARTICLE 1 - NAME

The name of the Limited Liability Company is **livingtoheal, LLC.** (hereinafter, "LLC).

**ARTICLE 2- PLACE OF BUSINESS AND MAILING ADDRESS
OF LIMITED LIABILITY COMPANY**

The place of business and mailing address of the corporation is as follows:

livingtoheal, LLC.
c/o Michael Molitor
13300 S. Cleveland Ave # 56
Fort Myers, Florida 33907

ARTICLE 3 - PURPOSE OF LIMITED LIABILITY COMPANY

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE 4 - DURATION AND TERM OF EXISTENCE

The Limited Liability Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE 5- INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the Initial Registered Agent and Office of the Limited Liability Company is:

Elias Leonard Dsouza, Esq.
111 N. Pine Island Rd
Suite 205
Plantation, Florida 33324

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.

Registered Agent Signature: _____

Elias Leonard Dsouza, Esq.

ARTICLE 6 - MANAGING MEMBERS/MANAGERS

The name and address of the Managing Members/Managers are:

Michael Molitor
13300 S. Cleveland Ave # 56
Fort Myers, Florida 33907

Signature of Member or an authorized representative of a member: _____

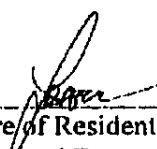
Elias Leonard Dsouza, Esq.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, on this 10th day of August, 2012.

Elias Leonard Dsouza, Esq.
Authorized Representative

**CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF RESIDENT
AGENT/REGISTERED OFFICE DESIGNATED IN ARTICLES OF ORGANIZATION**

I, Elias Leonard Dsouza, Esq., of ELIAS LEONARD DSOUZA, P.A., of 111 n. Pine Island Road, Suite 205, Plantation, Florida 33324, hereby accept appointment as Resident Agent for the above named Limited Liability Company.



Signature of Resident Agent
Elias Leonard Dsouza

FILED
12 AUG 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA