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Effective Date 8/31/12

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SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG 3 0 2012 T. HAMPTON

### **COVER LETTER**

Division of	f Corporations	•
SHRIFCT. Hea	althy Communities	
Sobject.		ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:
Everett	J. Teague	
		Name of Person
		Firm/Company
4384 M	fillwood Lane	
		Address
Tallahas	see, FL 32312	
a.va-ra#@		ry/State and Zip Code
everen@	healthycommunitiesfl.c E-mail address: (to be used	OM for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
Everett Teagu	ie	at (850 ) 524-0890
Na	une of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Effective Date 8/31/12

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	<b>:</b> :
Healthy Communities, LLC  (Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4384 Millwood Lane	4384 Millwood Lane
Tallahassee, FL	Tallahassee, FL
32312	32312
The name and the Florida street address of the  Everett J. Teague  Name	,
4384 Millwood La	ane
Florida street ad	ddress (P.O. Box NOT acceptable)
Tallahassee	<sub>FI</sub> 32312
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al performance of my duties, and I am familiar with and istered ogent as provided for in Chapter 608, F.S
Sata	12 DIVIS
[ reil of	AUC AUC
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Everett J. Teague	
	4384 Millwood Lane	•
	Tallahassee, FL 32312	
<del></del>		
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LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)		
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ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	e specific and cannot be more than	five business day
REQUIRED SIGNATURE:  Signature of a member constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than	ember.  this document dherein are true.
REQUIRED SIGNATURE:  Signature of a member constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than  a specific and cannot be more than than than than than than than than	ember. this document d herein are true.
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Filing Fees:  Signature of Organ  Filing Fees:  \$125.00 Filing Fee for Articles of Organ	specific and cannot be more than authorized representative of a mathorized representative of a mathorized statutes, the execution of the penalties of perjury that the facts state nation submitted in a document to the Departure as provided for in s.817.155, F.S.)	ember. this document d herein are true. artment of State
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