

L130000009627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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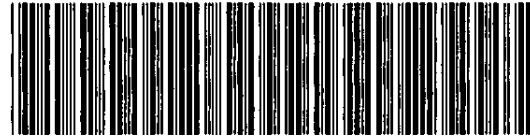
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600243427476

01/17/13--01013--021 \*\*125.00

EFFECTIVE DATE 1/30/2013

FILED  
13 JAN 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 18 2013

B. KOHR

(850) 245-6051.

COVER LETTER EFFECTIVE DATE 1/30/2017

TO: Registration Section  
Division of Corporations

SUBJECT: The Nu You Health and Wellness Center  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cylenthia Pinkney  
Name of Person

The Nu You Health and Wellness Center  
Firm/Company

2480 Hammondville Rd Ste. 6A  
Address

Pompano Beach FL 33069  
City/State and Zip Code

Christci111@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cylenthia Pinkney at (754) 246-2009  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 1/30/2013

The Nu You Health and Wellness Center 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:

2480 Hammondville Rd  
Pompano Bch, FL 33069

STE. 6A

504 NE 12th Ave  
Pompano Bch FL 33060

## 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:

Cylenthia Pinkney  
Name

504 NE 12th Ave  
Florida street address (P.O. Box NOT acceptable)

Pompano Bch FL 33060  
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.*

Cylenthia Pinkney  
Registered Agent's Signature (REQUIRED)

(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

CEO

manager

**Name and Address:**

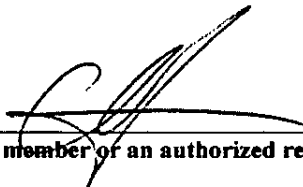
Cyleathra Pinkney  
504 NE 12th Ave  
Pompano Bch FL 33060

Christopher Johnson  
504 NE 12th Ave  
Pompano Bch FL 33060

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/30/13. (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.)

Chris Johnson

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)**