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PALL AHASSEE, FLORID.

B. BOSTICK
JAN 2 2 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy Living And More LLC

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:

Tallahassee, FL 32314

		Ų.				
Linda N	/l Dostal					
 .		Name of Person				_
Healthy	Living And M	1ore LLC	, ,			
·		Firm/Company				
1016 U	S-27 South					
		Address				_
Avon P	ark FL 3382	5		577	4	
	Cit	y/State and Zip Code	;		<u></u>	_
healthyliv	ingandmore@hotr		<u>-</u>	AH.	JAN	
For further information	E-mail address: (to be used to concerning this matter, please	·	ort notification)	SSE	- 8 - P	
			200 05		PM 12: 3	J
Linda M D	ostai	_ _{at (} 517	320-95		ယ္	
Name	of Person	Area Code	& Daytime Teleph	one Number	J .	
Enclosed is a check f	or the following amount:					
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional copy	ру	\$160.00 Filing Certificate of Certified Copy (additional copy	Status	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registrati	ourier Address ion Section of Corporations suilding			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company	18.	
Healthy Living And Mo	ore LLC		
(N	lust end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	e principal office of the Limited L	Liability Company is:
Principal Office	Address:	Mailing Address:	
1016 US-27 South		1016 US-27 South	
Avon Park FL 33825		Avon Park FL 33825	
ARTICLE III - F		ered Office, & Registered Agent egistered Agent. You must designate an indi	
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R	ered Office, & Registered Agent egistered Agent. You must designate an indi	ividual or another
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of the Linda M Dostal	ered Office, & Registered Agent egistered Agent. You must designate an indi ne registered agent are:	ividual or another
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of the Linda M Dostal	ered Office, & Registered Agent egistered Agent. You must designate an indi	ividual or another
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of the Linda M Dostal	ered Office, & Registered Agent egistered Agent. You must designate an indi ne registered agent are:	SECRETARY SECRETARY
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of the Linda M Dostal Na 2797 North Farnum Road	ered Office, & Registered Agent egistered Agent. You must designate an indi ne registered agent are:	INCLUANT OF TOTAL LANGSEE, FI
ARTICLE III - I (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of the Linda M Dostal Na 2797 North Farnum Road	ered Office, & Registered Agent egistered Agent. You must designate an indine registered agent are:	INLLAHASSEE

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..

Registered Agent's Signature (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:

Linda M Dostal P O Box 832 Avon Park FL 33826 James M Dostal 679 Newton Road Coldwater MI 49036 TALLO JAN 18 PM 12: 36
James M Dostal 679 Newton Road Coldwater MI 49036 TALLAMASSEE FLORID TALLAMASSEE FLO
James M Dostal 679 Newton Road Coldwater MI 49036 TALLAHAS SEE FLORID TOTAL AND TALLAHAS SEE FLORID TOTAL TOT
679 Newton Road Coldwater MI 49036 13 JAN 1 8 PM 12: 36 FF 17 ALE FF 17 ALE 13 JAN 1 8 PM 12: 36
Coldwater MI 49036 13 JAN 18 PM 12: 36 13 JAN 18 PM 12: 36
13 JAN 18 PM 12: 36 SECHE SECHE STATE TALLAHASSEE FLORID
8 PM 12: 36 SEE FLORID
8 PM 12: 36 SEE FLORID
FLORID
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of filing: (OPTIO specific and cannot be more than five bus
in authorized representative of a member.
3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

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)

Typed or printed name of signee