

L13000036885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

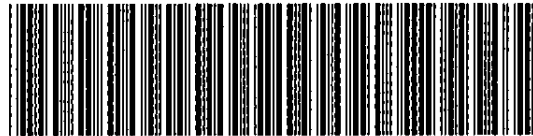
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500244976825

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 MAR 11 AM 10:56
FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 MAR 11 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2013

G. McLEOD



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 529685 7924602

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 12, 2013

ORDER TIME : 4:15 PM

ORDER NO. : 529685-001

CUSTOMER NO: 7924602

DOMESTIC FILING

NAME: NATALIA HENLE LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

NATALIA HENLE, LLC

30 Charles Street
Saint Augustine, FL 32084

(904)377-0071
pathologysolutions@hotmail.com

March 6, 2013

To: Completedforms@incorporate.com

From: Natalia Henle

Re: Name permission (authorization)

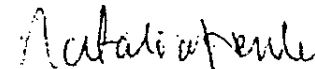
Order No: 529685

Dear Customer Service,

This letter serves to grant permission to use the Natalia Henle, LLC name for the new incorporation filing. This used to be my LLC and due to inactivity it had been revoked.

If you need further documentation, please call me at 904-377-0071 or email at address above.

Thanks in advance for your assistance,



Natalia Henle
Natalia Henle LLC
(Document # L08000115834 – inactive)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATALIA HENLE 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:

30 Charles St.

St. Augustine, FL, 32084

Mailing Address:

30 Charles St.

St. Augustine, FL, 32084

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State, and Zip

FILED
13 MAR 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Corporation Service Company

By: Elizabeth A. Smith

Registered Agent's Signature (REQUIRED)

Elizabeth Smith
Assistant Vice President

(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:

MGRM

NATALIA HENLE

30 CHARLES ST.

ST. AUGUSTINE, FL, 32084

(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:

Corporation Service Company, Authorized Representative

By: 

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.)

Name: Barbara Perry

Typed or printed name of signer

Title: Assistant Secretary

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)