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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

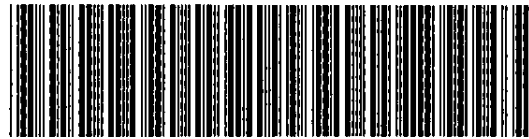
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12/30/13--01024--014 \*\*160.00

Effective Date 1/1/14

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 30 AM 11:07

1/7/14

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Share the Health, 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:

**Kevin M. Barry, Esq.**

Name of Person

**Rossway Moore Swan, P.L.**

Firm/Company

**2101 Indian River Boulevard, Suite 200**

Address

**Vero Beach, FL 32960**

City/State and Zip Code

**kbarry@verobeachlawyers.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kevin M. Barry, Esq.** at **(772) 231-4440**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                                        |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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DIVISION OF CORPORATIONS  
13 DEC 30 AM 11:07



ROSSWAY MOORE SWAN

VERO BEACH ■ CORAL GABLES

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JOHN E. MOORE, III, CPA \*\*  
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MICHAEL J. SWAN  
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EDWARD P. SWAN  
(1927-2012)

\* ALSO ADMITTED IN  
MASSACHUSETTS & NEW YORK  
\*\* ALSO ADMITTED IN THE DISTRICT  
OF COLUMBIA  
\*\*\* ALSO ADMITTED IN CALIFORNIA

December 27, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Share the Health, LLC**

Ladies and Gentlemen:

In regard to the above, please find enclosed the Cover Letter and Articles of Organization for Share the Health, LLC, for filing with the Secretary of State's Office.

Our client's cashier's check in the amount of \$160.00 is also enclosed for the filing fee, Certificate of Status, and certified copy of the Articles of Organization. An additional copy of the Articles of Organization is enclosed.

Thank you for your assistance and for sending your Certificate of Filing, Certificate of Status, and the certified copy of the Articles of Organization to this office in the enclosed, pre-prepared return envelope.

Sincerely,

Kevin M. Barry

KMB:sms\F:\Barry\Corporate\Kranze & Haggerty\Share the Health, LLC\SecState-LLC Ltr.doc  
Encs.

CC: Ms. Jeri Lynn Kranze, w/encs.  
Mr. Michael Haggerty, w/encs.

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DIVISION OF CORPORATIONS  
13 DEC 30 AM 11:08

Effective Date 1/1/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Share the Health, 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:

2121 14th Avenue

Rear Suite

Vero Beach, FL 32960

#### Mailing Address:

P.O. Box 186

Vero Beach, FL 32961

### 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:

Michael Haggerty

Name

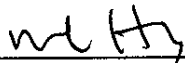
2121 14th Ave Rear

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

Vero Beach, FL 32960

City, State, and Zip

*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)

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DIVISION OF CORPORATIONS  
13 DEC 30 AM 11:08

**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:**

MGR

Jeri Lynn Kranze

P.O. Box 100

Vero Beach, FL 32961-0100

MGR

Michael Haggerty

2121 14th Ave Rear

Vero Beach, FL 32960

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2014. (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.)

Jeri Lynn Kranze

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)