

L14000038142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

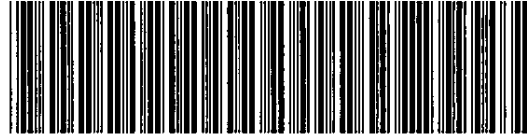
(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR -3 P 3:12
FILING OFFICE
CLERK

B. BOSTICK

MAR - 6 2014

F. MINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Center For Natural Healing of Southwest Florida 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:

Noneen O'Rafferty
Name of Person

The Center For Natural Healing of Southwest Florida LLC
Firm/Company

4632 Vincennes Blvd., #104
Address

Cape Coral, FL, 33904
City/State and Zip Code

Noneen @ Live-com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noneen O'Rafferty at (239) 542-5600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

X \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certification 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
PO 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

The Center For Natural Healing of Southwest Florida LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

4632 Vincennes Blvd., #104
Cape Coral, FL 33904

Mailing Address:

4632 Vincennes Blvd., #104
Cape Coral, FL 33904

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:

Nongeen O'Rafferty

Name

4632 Vincennes Blvd., #104

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

Cape Coral FL 33904

City State 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 605, F.S..

Nongeen O'Rafferty
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

“AMBR”= Authorized Member

“MGR”= Manager

AMBR

Name and Address:

Noneen O’Rafferty

4632 Vincennes Blvd., #104

Cape Coral, FL 33904

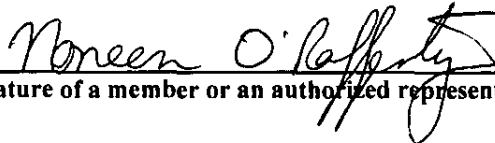
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

Noneen O’Rafferty

Typed or printed name of signee

(In accordance with section 605.0203 (1) (b), 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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2014

NONEEN O'RAFFERTY
4632 VINCENNES BLVD., #104
CAPE CORAL, FL 33904

SUBJECT: THE CENTER FOR NATURAL HEALING OF SOUTHWEST
FLORIDA, LLC
Ref. Number: W14000002040

We have received your document for THE CENTER FOR NATURAL HEALING OF SOUTHWEST FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00000697

FILED
2014 JAN -3 P 5:13
TALLAHASSEE, FLORIDA