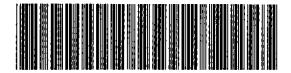
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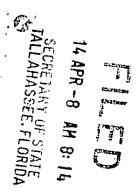
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
| Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Healthy Intent, LLC Name of Limited Liability Company |
| 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: |
| Name of Person |
| |
| HEALTHY INTENT Firm/Company |
| Firm/Company |
| 1810 W. KEMNEDY BLYD Address |
| |
| TAMPA FL 33606 City/State and Zip Code n/evey @ 1810 KEMLEDY. WM E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee Certificate of Status Status Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| The name of the Limi | ted Liability Company is: | | | |
|--|--|--|---|--|
| HEALTH | Y INTENT, LL | .c | | |
| | (Must end with the words "Lim | ited Liability Com | pany, "L.L.C.," | or "LLC.") |
| ARTICLE II - Addr The mailing address a | ess: and street address of the princip | oal office of the Lir | nited Liability (| Company is: |
| Principal Office Add | lress: | Mailing A | ddress: | |
| 1810 W.Keum Tampa Fi | FOY BLVD 33606 | | | |
| (The Limited Liability | istered Agent, Registered Off y Company cannot serve as its ty with an active Florida registe | own Registered Ag | | |
| The name and the Flo | orida street address of the regist | | | |
| • | NATALIA LE | ry | | |
| | N | ame | | HA P |
| | 1810 W. KENN | EDY BLU | ID | SSE 8 |
| | Florida street address (P.O. | Box NOT accepta | ıble) | |
| | TAMPA | FL | 3360 6 | 2 × 2 |
| | City | | Zip | ANY OF STATE SSEE, FLORIDA |
| the place designate capacity. I further t | as registered agent and to accepted in this certificate, I hereby a agree to comply with the provision am familiar with and accept the | ot service of proces ccept the appointm ions of all statutes t | s for the above s ent as registered relating to the pr position as reg | statea timitea ttability company a d agent and agree to act in this roper and complete performance |
| | (CONT | INUED) | | |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | NATALIO LEVEY |
| AMBR | 1810 WREMEDY BLVD |
| | TAMPA FI 33606 |
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| (Use attachment if necessary) | |
| (SSE LINEARING IT NOTESSALLY) | |
| ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specif | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days |
| ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.) | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days Coptional Copt |
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| effective date is listed, the date must be specifite of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) | fic and cannot be more than five business days frior to or 90 days APR APR BECOME APR BECOME BEC |
| effective date is listed, the date must be specifite of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the | per or an authorized representative of a member. 1203 (1)(b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. |
| effective date is listed, the date must be specifite of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the | per or an authorized representative of a member. 1203 (1)(b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 150 to |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.00 constitutes an affirmation under the 1 am aware that any false informat constitutes a third degree felony as | per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) |
| REOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the lam aware that any false informat constitutes a third degree felony as | per or an authorized representative of a member. 1203 (1)(b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) |
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| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony as MATA. | per or an authorized representative of a member. 1203 (1)(b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) 12 14 |

ARTICLE IV-