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(Address)

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EFFECTIVE DATE 7/15/14

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SECRETARY OF STATE
ALLAHABAD, INDIA

14 JUL 10 PM 2:04

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ENR 7/10/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Salubrious Health Network, L.L.C.
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:

Edwarnique P. Lapointe-Cooper
Name of Person

Salubrious Health Network, L.L.C.
Firm/Company

629 Ivanhoe Way
Address

Casselberry, FL 32707
City/State and Zip Code

salubrioushealth@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwarnique P. Lapointe-Cooper at (386) 675-3420
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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

EFFECTIVE DATE

7/15/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salubrious Health Network, L.L.C.

(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:

Mailing Address:

629 Ivanhoe Way
Casselberry, FL 32707

629 Ivanhoe Way
Casselberry, FL 32707

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:

Edwarnique P. Lapointe-Cooper

Name

629 Ivanhoe Way

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

Casselberry

City

FL 32707

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.

Edwarnique P. Lapointe-Cooper
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Edwarnique P. Lapointe-Cooper

629 Ivanhoe Way

Casselberry, FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 15, 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.)

ARTICLE VI: Other provisions, if any.

No additional members shall be admitted to the company except with written consent from the Manager of The Company. The Company shall be dissolved upon the death of the Manager, unless consented and State recognized members give written acknowledgment for their desire to continue the Company as such.

REQUIRED SIGNATURE:

Edwarnique P. Lapointe-Cooper

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

(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.)

Edwarnique P. Lapointe-Cooper

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)

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TALLAHASSEE, FLORIDA