

L14000172448

(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



200265531212

200265531212  
10/20/14--01047--021 \*\*130.00

FILED  
14 NOV -1, PM 2:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV - 5 2014

T. BROWN

~~114-6-333~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEALTH N' WELLBEAN**

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:

KADIAN MILLER

Name of Person

Firm/Company

1498 SW 47TH TERRACE

Address

FORT LAUDERDALE, FLORIDA 33317

City/State and Zip Code

KRMILLER1972@ICLOUD.COM

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

For further information concerning this matter, please call:

KADIAN MILLER

at ( 917 ) 531-9123

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2014

KADIAN MILLER  
1498 SW 47TH TERRACE  
FORT LAUDERDALE, FL 33317

SUBJECT: HEALTH N'WELLBEAN LLC  
Ref. Number: W14000064333

We have received your document for HEALTH N'WELLBEAN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00022678

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH N' WELLBEAN 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:

Mailing Address:

1498 SW 47TH TERRACE  
FORT LAUDERDALE, FLORIDA 33317

1498 SW 47TH TERRACE  
FORT LAUDERDALE, FLORIDA 33317

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:

KADIAN MILLER

Name

1498 SW 47TH TERRACE

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

FORT LAUDERDALE

City

FL 33317

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..*

K. Miller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 NOV - 4 PM 2:25  
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

MGR

**Name and Address:**

Kadian Miller

1498 SW 47TH TERR

FORT LAUDERDALE

FLORIDA 33317

Glenn Miller

1498 SW 47TH TERR

FORT LAUDERDALE

FLORIDA 33317

(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:**

K. Miller

**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.)

KADIAN MILLER

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)