

L15000066393

(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



700267861147

01/05/15--01014--011 \*\*70.00

01/16/15--01026--012 \*\*55.00

FILED  
15 APR 16 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W15-812

APR 17 2015  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: American Health Rx, 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:

Matt Khomut  
Name of Person

American Health Rx, LLC  
Firm/Company

205 E Hallandale Beach Blvd  
Address

Hallandale Beach, FL 33009  
City/State and Zip Code

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

For further information concerning this matter, please call:

Matt Khomut at ( 954 ) 3675365  
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

American Health Rx LLC  
205 E Hallandale Blvd  
Hallandale, FL 33009  
T 954-367-5365  
F 954-839-9039  
E americanhealthrx@gmail.com

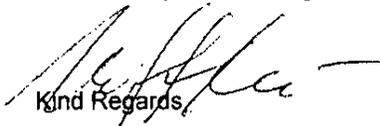
Attn:  
Registration Section  
Division of Corporations Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: W1500000812

We have initially sent the incorrect form to incorporate the LLC. After the letter sent by Thomas Chang we completed the correct form and sent it together with additional money to cover the \$125 registration fee.

For some reason the state has no record of the corrected form or the additional payment. Attached you will find another copy of the filing along with the proof that the state has received and deposited two checks totaling \$125 to cover the \$125 fee as state in the LLC incorporation form on the first page.

Please complete the filing or let us know if there are missing documents required.

  
Kind Regards,

Matt Khomut  
President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DOC # W1500000812

Filed date 01.06.2015

January 6, 2015

MATT KHOMUT  
205 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

SUBJECT: AMERICAN HEALTH RX, LLC  
Ref. Number: W1500000812

We have received your document for AMERICAN HEALTH RX, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00000231

15 APR 16 AM 11:58  
NOTARY STATE  
TALLAHASSEE, FLORIDA

138.75

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

American Health Rx, 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:**

205 E Hallandale Beach Blvd  
Hallandale Beach, FL 33009

205 E Hallandale Beach Blvd  
Hallandale Beach, FL 33009

**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:

Matt Khomut

Name

205 E Hallandale Beach Blvd

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

Hallandale Beach FL 33009

City

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
15 APR 16 AM 9:45  
SECRETARY OF STATE  
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

AMBR

**Name and Address:**

Matt Khomut

205 E Hallandale Beach Blvd

Hallandale Beach, FL 33009

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.**

(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.)

Matt Khomut

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)**

**FILED**  
15 APR 16 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA