L15000104182

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

1112-27684



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03/31/15--01022--004 **160.00

MD6/17

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Healthy Start Healthy Heart L.L.C. d/b/a Flop Sc Name of Limited Liability Company	> K
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edward John Robinson Jr.	
Name of Person	
Firm/Company	
4031 NW 23ct Address	
Address	
Coconct Creek, Fl. 33066	
Edjr/6960 aol. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edward Robinson at (954) 816-4124 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	1
S125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ļ
Mailing Address Street/Courier Address Pagistration Soution Pagistration Soution	
Registration Section Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 21, 2015

EDWARD JOHN ROBINSON, JR. 4031 N.W. 23 CT. COCONUT CREEK, FL 33066

SUBJECT: HEALTHY START HEALTHY HEART "L.L.C" D/B/A FLOP SOKS

Ref. Number: W15000027684

We have received your document for HEALTHY START HEALTHY HEART "L.L.C" D/B/A FLOP SOKS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

Registration Section.

Letter Number: 215A00007915

Per Letter # 215A00007915 & ar phone convercation

Nease find the enclosed application with the discussed

adjust ments.

Application fees have already been paid & debited from my

Elan Rou

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Healthy Start Healthy (Must end with the words "Limi	Heart "L.L.C" 1/; ' ted Liability Company, "L.L.C.," or "LLC.")	<i>Flop</i>	Sok	ک>
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:		115 PH	;
Principal Office Address:	Mailing Address:	350	بي	1
4031 NW 23ct Coconut Creek, Rl. 33066	Coconut creck, p.	33061	50	

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:

The name of the Limited Liability Company is:

Edward John Robinson, Jr.

Name

4031 NW 23ct

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

Cocont Creek FL 33066

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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Topics of the second se
	001100
ective date is listed, the date must be spentilling.)	of filing: April 6, 2015. (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of	of filing: April 6, 2015. (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be spenfilling.) E VI: Other provisions, if any.	of filing: April 6, 2015. (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing:

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Security (Control of Sec

\$ 5.00 Certificate of Status (Optional)