

L/5000129382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

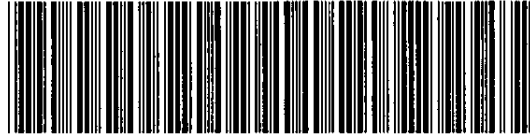
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275216605

07/27/15--01018--025 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 27 PM 2:56

APPROVED
AND
FILED

141

TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW
317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO
NICHOLAS J. TROIANO
LAURIANE CICCARELLI

REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157

July 23, 2015

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

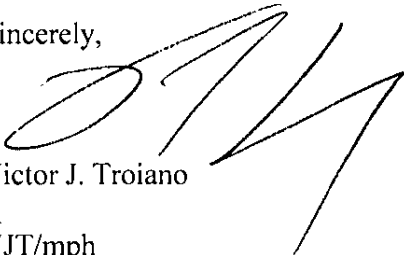
Re: Lakeland Natural Health LLC
Our File No.: 2015-0432

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,


Victor J. Troiano

VJT/mph

Enclosures

APPROVED
AND
FILED

15 JUL 27 PM 2:56

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The Name of the Limited Liability Company is: Lakeland Natural Health LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 6918 Poley Creek Drive W., Lakeland, Florida 33811

b: Street Address: 6918 Poley Creek Drive W., Lakeland, Florida 33811

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Nancy M. Bertelmann

Name

6918 Poley Creek Drive W.

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33811

City, State and 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

ARTICLE IV – Management (Check applicable box)

 X The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

APPROVED
AND
FILED

15 JUL 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V –

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

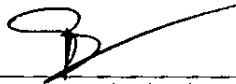
Name and Address:

MGR

Nancy M. Bertelmann
6918 Poley Creek Drive W.
Lakeland, Florida 33811

ARTICLE VI: 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.



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.)

Nancy M. Bertelmann
Typed or printed name of signee