

L15000138751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

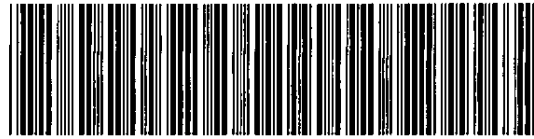
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF  
15 AUG 18 PM 12:50  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILINGS

15 AUG 18 PM 12:58  
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DIVISION OF

1/1

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTHY HABITZ 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:

RAJA JEGARNATHAN  
Name of Person

\_\_\_\_\_  
Firm/Company

1500, APALACHEE PARKWAY, ST# 1380  
Address

TALLAHASSEE, FL. 32301  
City/State and Zip Code

HASDARAJA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAJA at ( 214 ) 356 - 1531  
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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NOT RECORDED  
AND  
FILED

15 AUG 18 PM 12:59

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHY HABITZ LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1500, APALACHEE PKWY  
ST. 1380  
TALLAHASSEE, FL, 32301

501, BLAIR STONE RD.  
# 221  
TALLAHASSEE, FL, 32301

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:

RAJA JEGARNATHAN  
Name

501, BLAIR STONE RD # 221  
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FL, 32301  
City State 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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOT RECORDED  
FILED

**ARTICLE IV-**

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

15 JUL 18 PM 12:58

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SECRET  
TALLAHASSEE, FLORIDA

RAJA JEGARNATHAN  
501 BLAIR STONE RD #221  
TALLAHASSEE, FL 32301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

RAJA JEGARNATHAN  
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)