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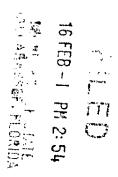
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

10:	Division of Corporations	
CUDIE	HEALTH INNOVATIONS LLC	
SUBJE	Name of l	Limited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	DR. DAVID SINGER	
		Name of Person
	DAVID SINGER ENTERPRISES	
		Firm/Company
	401 YELVINGTON AVE.	
		Address
	CLEARWATER, FL 33755	
	dsdav26@hotmail.com	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For furth	er information concerning this matter, ple	ase call:
	charles Batdorf	727 443 7008
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.0	0 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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

Δ	RT	1CI	Æ.I	l _ '	Νo	me:

The name of the Limited Liability Company is:

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16 FEB - I PM 2: 54

	$HE_{I}$	٩L	TH	INNO	VATIO	NS LLC
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") 「練一門、「本語 またままます。 (ALL 本語本名の画面、 FLORIDA

## ARTICLE II - Address:

<u>P</u>	rincipal Office Address:		Mailing Address:
401 YELVIN	GTON AVE.		
CLEARWAT	ER, FL 33755		
imited Liability Co r business entity w	ith an active Florida registration	Registered Agent. \	t's Signature: You must designate an individual
	aturat adducar of the unaintenad	accept ages	
name and the Florida	street address of the registered	agent are:	
ame and the Florida	DR. DAVID SINGER	_	
ame and the Florida	_	_	£
ame and the Florida	_	Name	<u>.</u>
name and the Florida	DR. DAVID SINGER	Name	cceptable)
name and the Florida	DR. DAVID SINGER	Name	cceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		Name and Address:
"AMBR" = Aut	horized Member	
"MGR" = Mana	ger	
MGR		DR. DAVID SINGER
		401 YELVINGTON AVE.
		CLEARWATER, FL 33755
		<u> </u>
		•
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ARTICLE IV-