

L16000203912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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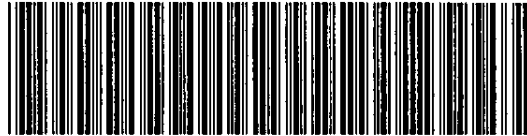
(Business Entity Name)

(Document Number)

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M. MOON
OCT 31 2016

16 OCT 31 PM 6:46

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16 OCT 31 PM 12:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations, OFFICE OF COMMERCIAL
REGISTRATION SERVICES

August 29, 2016

MARY CATHERINE PETERS
108 LEESE DRIVE
ST. JOHNS, FL 32259

SUBJECT: HEALTHOLOGY MARKETING, LLC
Ref. Number: W16000059839

We have received your document for HEALTHOLOGY MARKETING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 416A00018387

16 OCT 31 PM 6:45

STATE
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OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthology Marketing, 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:

Mary Catherine Peters
Name of Person

Healthology Marketing, LLC
Firm/Company

108 Leese Drive
Address

St. John's, FL 32259
City/State and Zip Code

Cathypeters99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Peters at 904 315-4629
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

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heathology Marketing 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:

108 Leese Drive, St Johns, FL 32259 → same

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:

Mary C. Peters
Name

108 Leese Drive,
Florida street address (P.O. Box **NOT** acceptable)

St John's FL 32259
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..

Mary C. Peters
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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:

AmBR, ~~MGR~~

Mary C. Peters (just me)
108 Leese Drive
St. Johns, FL 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/25/2014 (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. It's just me in the company

REQUIRED SIGNATURE:

Mary C. Peters

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.

Mary C. Peters

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)

16 OCT 31 PM 6:46

FILED
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CLERK OF THE
COURT
TALLAHASSEE, FLORIDA