

L16000222454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

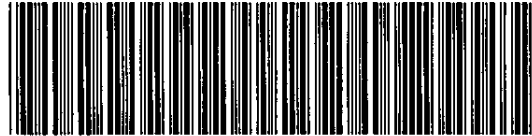
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC -8 PM 2:15

W16-055776

12/09/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2016

JOANI WORTHY
14170 U.S. HWY. 19
HUDSON, FL 33467

SUBJECT: ENLIGHTEN ME LLC.
Ref. Number: W16000055776

16 DEC -8 PM 12:37
REGISTRATION SERVICES
INFORMATION SERVICES

We have received your document for ENLIGHTEN ME 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):

Page #2 of the Application WAS NOT received. Please include this SECOND PAGE with it's accompanying Signature.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000148565.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 016A00016969

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEAL YOUR LIFE 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:

JOANI WORTHY

Name of Person

Firm/Company

18339 BRIAR OAKS DRIVE

Address

HUDSON, FL 34667

City/State and Zip Code

joaniworthy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANI WORTHY

216

704-1582

at ()

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEAL YOUR LIFE 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:

14170 US HWY 19 SUITE 105
HUDSON, FL
34667

Mailing Address:

14170 US HWY 19 SUITE 105
HUDSON, FL
34667

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:

JOANI WORTHY

Name

18339 BRIAR OAKS DRIVE

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

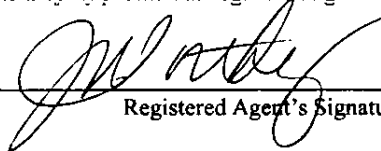
HUDSON FLORIDA 34667

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOANI WORTHY

14170 US HWY 19 SUITE 105

HUDSON, FL 34667

(Use attachment if necessary)

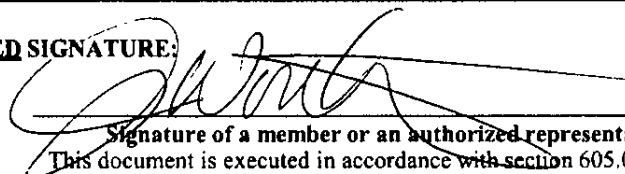
ARTICLE V: Effective date, if other than the date of filing: OCTOBER 11, 2016 (OPTIONAL)

(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.

JOANI WORTHY

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
2016 DEC -01 PM 2:15