

L17000197509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

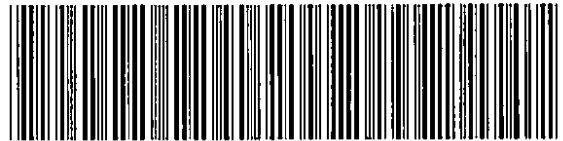
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/22/17--01019--001 **125.00

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17 SEP 22 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA



**TTC BUSINESS
SOLUTIONS**

2703 Jones Franklin Road, Suite 205
Cary, North Carolina 27518
Tel. (888) 892-3040
Fax (270) 477-4574
TTCBusinessSolutions.com

September 21, 2017

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

RE: OLIVE OIL HEALTH LLC
Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for Olive Oil Health LLC as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

Enclosures: as stated

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Olive Oil Health 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:

Matthew H. Swyers
Name of Person
TTC Business Solutions
Firm/Company
2703 Jones Franklin Rd, Ste 205
Address
Cary, NC 27518
City/State and Zip Code
info@ttcbusinesssolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew H. Swyers 888 892-3040
Name of Person at () 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:

Olive Oil Health LLC
(Must contain 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:
7186 NW 66th Ter	7186 NW 66th Ter
Parkland, FL 33067	Parkland, FL 33067

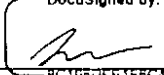
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Gus Armenakis
Name
7186 NW 66th Ter
Florida street address (P.O. Box **NOT** acceptable)
Parkland FL 33067
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.

DocuSigned by:

8C1680FE1F6C41D
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

AMBR

Name and Address:

Gus Armenakis

7186 NW 66th Ter

Parkland, FL 33067

AMBR

Bashar Lutfi

7186 NW 66th Ter

Parkland, FL 33067

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

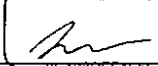
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:

DocuSigned by:



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.

Gus Armenakis

Typed or printed name of signer

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)