

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nature Coast Natural 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:

Melisa Smith
Name of Person

Nature Coast Natural Health, LLC
Firm/Company

102 SE 7th Avenue
Address

Williston, FL 32096
City/State and Zip Code

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

For further information concerning this matter, please call:

Melisa Smith at (352) 281-0202
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)

Melisa Annette Smith
102 SE 7th Avenue
Williston, Florida 32696
(352) 281-0202
melisa.a.smith@gmail.com

Florida Department of State
Division of Corporations

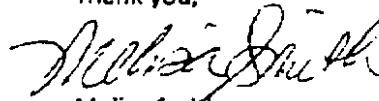
PO Box 6327
Tallahassee, Florida 32314

I am in receipt of your letter regarding an extra fee for "conversion" from Nature Coast Natural Health, Inc. to Nature Coast Natural Health, LLC. I just got done speaking to one of your colleagues on the intent of my filing. I was advised via several people, including Division of Corporations to dissolve the S Corp and then file to open a new LLC. I was not advised to do a conversion. In my paperwork to file for the LLC, I put a note on it to let you know my intent was to change from S Corp to LLC, hoping you would check to see the dissolution had been processed. Please check your records for the dissolution. You should have all of the fee payments and documentation you need to start the LLC.

I have no intent to reopen Nature Coast Natural Health, Inc., P1400081552.

If you have further questions, please let me know.

Thank you,



Melisa Smith

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nature Coast Natural 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:

102 SE 7th Avenue
Williston, FL 32696

same as office
address

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:

Sheila Smith
Name

103 SE 7th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Williston, FL 32696
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..

Sheila Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 JAN 16 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Melisa Smith
103 SE 7th Avenue
Williston, FL 32696

Sheila Smith
103 SE 7th Avenue
Williston, FL 32696

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2018 (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:

Melisa Smith

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.

Melisa Smith

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA