

L18000144125

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000176359 3)))



H180001763593ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE
Account Number : 120130000058
Phone : (904) 665-3631
Fax Number : (904) 665-3641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: daustinvh@gmail.com

FLORIDA LIMITED LIABILITY CO.
Chitozan Health, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

JUN 13 2018

RECEIVED

2018 JUN 12 PM 4:00

CLERK
COMMERCIAL
DIVISION OF SERVICES

2018 JUN 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Jun. 12. 2018 3:17PM

No. 0181 P. 2

FILED

2018 JUN 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
CHITOZAN HEALTH, LLC**

ARTICLE I
NAME

The name of the limited liability company is Chitozan Health, LLC (the "Limited Liability Company").

ARTICLE II
BUSINESS AND MAILING ADDRESS

The initial street address and mailing address of the Limited Liability Company is 13883 White Heron Place, Jacksonville, Florida 32224-4804.

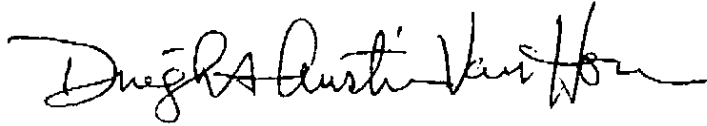
ARTICLE III
REGISTERED OFFICE AND AGENT

The name of the initial registered agent of the Limited Liability Company in the state of Florida is Paracorp Incorporated. The registered office of the initial registered agent in the state of Florida is located at 155 Office Plaza Drive, 1st Floor, Tallahassee, Leon County, Florida 32301.

ARTICLE IV
COMMENCEMENT OF EXISTENCE

The existence of the Limited Liability Company shall commence on the date of filing these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the organizing member, has made and subscribed to these Articles of Organization this 12th day of June, 2018.

A handwritten signature in black ink, reading "Dwight Austin Van Horn". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent. It is written above a horizontal line.

Dwight Austin Van Horn
Organizing Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF
REGISTERED AGENT OF
CHITIZAN HEALTH, LLC**

Pursuant to Section 605.0113 of the Florida Revised Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon Chitozan Health, LLC, a limited liability company organized under the laws of the state of Florida, does hereby accept the appointment as such Registered Agent for the above-named limited liability company, and does hereby agree to comply with the provisions of the Florida Revised Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 155 Office Plaza Drive, 1st Floor, Tallahassee, Leon County, Florida 32301.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 11 day of June, 2018.

PARACORP INCORPORATED

By L. Herrera
Print Name: Leticia Herrera, Asst. Secretary
Its Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 12 AM 10:07

FILED