## L18000180304

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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N CULLIGAN 7/27/18

## COVER LETTER

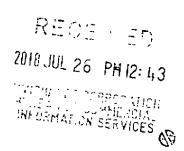
32

TO: Registratio Division of	n Section Corporations		
SUBJECT: <u>Healt</u>	n 2 Energy LLC Name of Lin	mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	respondence concerning this m	natter to the following:	
<u>Sarah E</u>	E Clark	Name of Person	
		Name of Person	
		Firm/Company	
330 45	th Ave South Apt 3		
		Address	
St. Pete	ersburg, FL 33705	City/State and Zip Code	<del></del>
sec3sayso@g	mail com	ed for future annual report notifica	ation)
For further informati	on concerning this matter, ple	ase call:	
Sarah E Clark		727 ) 608-8805	
:Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
□ \$125.00 Filing Fee	☑ \$130.00 Filing Fee & Certificate of Status	□S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address gistration Section	Street/Courier Add Registration Section	ress

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301





July 13, 2018

SARAH E CLARK 330 45TH AVE SOUTH APT 3 ST PETERSBURG, FL 33705

SUBJECT: HEALTH 2 ENERGY LLC Ref. Number: W18000064107

We have received your document for HEALTH 2 ENERGY 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00014426

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Health 2 Energy LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C" or "LLC.")	
ARTICLE 11 - Address:		
The mailing address and street address of the princip	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
330 45th Ave South Apt 3	330 45th Ave South Apt 3	
St. Petersburg, FL 33705	St. Petersburg, FL 33705	
another business entity with an active Florida regist  The name and the Florida street address of the regist  Sarah E Clark	own Registered Agent. You must designate an individual tration.)  tered agent are:    AHASSEE FL   AHASSEE FL	7 =
St Petersburg	<u>FL 33705</u>	
City	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability compartible place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performation of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for a Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Sarah E Clark
AWDR	330 45th Ave South Apt 3
	St. Petersburg, FL 33705
	·
(Use attachment if necessary)  LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)	e of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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