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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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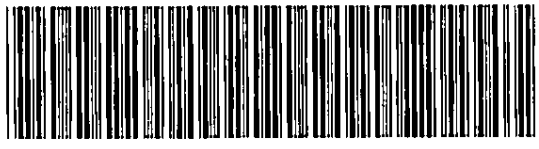
(Business Entity Name)

(Document Number)

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OCT 22 2018

STATE OF FLORIDA  
DEPT. OF CORRECTIONS  
DIVISION OF REENTRY  
18 OCT 18 AM 7:35  
TALLAHASSEE, FLORIDA

**15 October 2018**

**TO: Florida Department of States Division of Corporations**

**RE: Registration of Healthy-Genes LLC**

**Name: Tom or Sue McKnight**

**Address: 1409 Winged Foot Drive  
Niceville, Florida 32578**

**Phone: 864-378-1418**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Healthy-Genes 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:

1409 Winged Foot Drive  
Niceville, Florida 32578

1409 Winged Foot Drive  
Niceville, Florida 32578

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:

<u>Tom McKnight</u>		
Name		
<u>1409 Winged Food Drive</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Niceville</u>	<u>Florida</u>	<u>32578</u>
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..*

Tom McKnight  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
DIVISION OF CORPORATION  
18 OCT 18 AM 7:36  
STATE DEPT 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

MGR

MGR

**Name and Address:**

Tom McKnight  
1409 Winged Foot Drive  
Niceville, Florida 32578

Sue McKnight  
1409 Winged Foot Drive  
Niceville, Florida 32578

(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:**

*Tom McKnight / Sue McKnight*

**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.

Tom McKnight and/or Sue McKnight

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)

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
18 OCT 18 AM 7:36  
TALLAHASSEE, FLORIDA