

L18000243862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

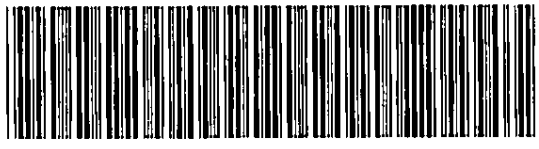
(Business Entity Name)

(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:

1409 Winged Foot Drive
Niceville, Florida 32578

Mailing Address:

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:

Tom McKnight

Name

1409 Winged Food Drive

Florida street address (P.O. Box **NOT** acceptable)

Niceville

Florida

32578

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
STATEMENT 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

Name and Address:

Tom McKnight

1409 Winged Foot Drive

Niceville, Florida 32578

MGR

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