

L18000286574

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

DEC 17 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Helios 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:

Scott Schriver, CEO
Name of Person

Helios Health, LLC
Firm/Company

31 57th Street N.
Address

Saint Petersburg FL, 33707
City/State and Zip Code

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

For further information concerning this matter, please call:

Zoe Schriver at (727) 322-8883
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)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2018

SCOTT SCHRIVER, CEO
31 57TH STREET N
SAINT PETERSBURG, FL 33707

SUBJECT: HELIOS HEALTH, LLC
Ref. Number: W18000099980

We have received your document for HELIOS HEALTH, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Check the effective date did you mean 01/01/19.

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: 618A00023603

December 14, 2018

To whom it may concern,

I am providing consent that I am not revoking dissolution of our business Helios Health, but creating a new LLC with the same name. The effective date will be January 1, 2019. Please see this letter is received by Neysa Culligan to expedite this request and complete filing.

Thank you, Scott H Schriver

A handwritten signature in black ink, appearing to read "Scott H Schriver". The signature is written in a cursive, flowing style.

Doc #N17000010779

letter # 618A00023603

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Helios 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:

31 57th Street N.
Saint Petersburg FL 33710

Mailing Address:

31 57th Street N.
Saint Petersburg FL 33710

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:

Scott Schriver
Name
5836 5th Ave. South
Florida street address (P.O. Box **NOT** acceptable)
Saint Petersburg FL 33707
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..

Scott Schriver
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

CEO, MGR

MGR

Name and Address:

Scott Schriver
5836 5th Ave South
Saint Petersburg FL 33707

Zoe Schriver
5836 5th Ave South
Saint Petersburg FL 33707

(Use attachment if necessary)

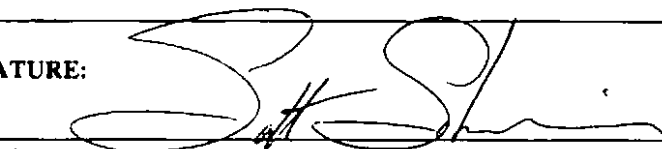
ARTICLE V: Effective date, if other than the date of filing: January 1, 2019 (OPTIONAL)

(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:



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.

Scott Schriver

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)

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TALLAHASSEE, FL 32391

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