

L19000063855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

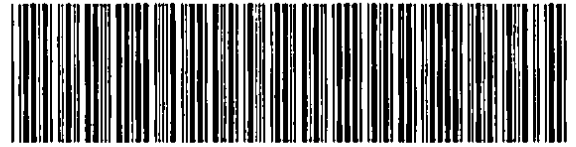
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 MAR -6 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 14 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Fertility Heaven, 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:

Miriam Torres

Name of Person

Fertility Heaven

Firm/Company

18851 NE 29th Ave, Suite 700

Address

Aventura, FLorida 33180

City/State and Zip Code

Miriam@fertilityheaven.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Torres 786 728-4711

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

March 2nd 2019

Florida Department of State
New Filing Section
Box 6327
Clifton Building
Tallahassee, FL 32314

Dear New Filing Section

I had converted Fertility Heaven from an LLC document number L11000129011 to a Corporation. The Corporation was under document number P16000087144 which is now Inact/UA. I will not be reinstating the Corporation. I have decided to do a new filing for Fertility Heaven as an LLC.

I can be reached at 786-728-4711 or email at Miriam@FertilityHeaven.com.

Thank you

A handwritten signature in black ink, appearing to be 'Miriam Torres', with a long horizontal flourish extending to the right.

Mailing address:

Miriam Torres
Fertility Heaven
960 West 41 St.
Suite 116
Miami Beach, FL 33140

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fertility Heaven, 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:

18851 NE 29th Ave
Suite 700
Aventura, FL 33180

18851 NE 29th Ave
Suite 700
Aventura, FL 33180

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:

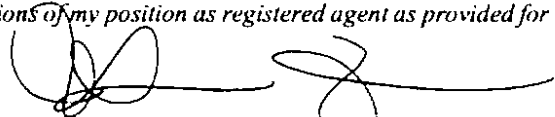
Miriam Torres
Name

18851 NE 29th Ave, Suite 700
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180
City State Zip

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Miriam Torres

MGR

Kedar Sukthankar

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

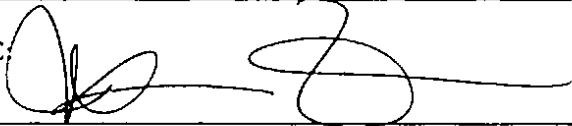
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Miriam Torres

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)