

10/2/2018

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
5 NE 2nd Street Holistic Health Center, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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OCT 03 2019

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2019 OCT -2 PM 2:30

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limitedonline@dos.state.fl.us

Mon 9/30/2019 12:42 PM

To: DL-Onlinefilings;

"5 NE 2nd Street Holistic Health Center, LLC should not conflict with 5 NE 2ND STREET NATURAL HEALTH CENTER LLC as 'holistic' and 'natural' are sufficiently different terms"--LZ

Document Number: W19000087651

Entity Name: 5 NE 2ND STREET HOLISTIC HEALTH CENTER, LLC

Tracking Number: 700334740927

Pin Number: 0927

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation, unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is L16000114242.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org <<http://www.sunbiz.org>> and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

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COVER LETTER

OCT -2 PM 2:56

TO: Registration Section
Division of Corporations

SUBJECT: 5 NE 2nd Street Holistic Health Center, 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:

Cheyenne Moseley, Legalzoom.com, Inc.

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

onlinefilings@Legalzoom.com

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

For further information concerning this matter, please call:

Cheyenne Moseley at (323) 962-8600 ext. 7625
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5 NE 2nd Street Holistic Health Center, LLC

(Must end with 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:5 NE 2nd StreetDelray Beach, FL 33444

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:

United States Corporation Agents, Inc.

Name

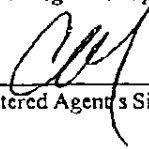
5575 S. Semoran Blvd., Suite 36Florida street address (P.O. Box **NOT** acceptable)OrlandoFlorida32822

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..



Registered Agent's Signature (REQUIRED)

Clayton H. Morley, United States Corporation Agents, Inc.

(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:

Vincent Scilla

5 NE 2nd Street

Delray Beach, FL 33444

(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.

Cheyenne Moseley, Legalzoom.com, Inc.

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)