

L19000295698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

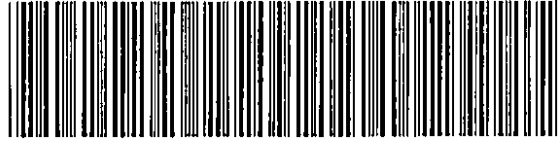
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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49 DEC -9 8:31 28
SECRETARY OF STATE
TALLAHASSEE, FL
2019 DEC -9 PM 1:17

FILED

N CULLIGAN

DEC 11 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/9/2019

****WALK IN****

ENTITY NAME SHAG VITAL, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 125.00

CHECK # 7009

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected
Please keep
original file
date

December 11, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: SHAG VITAL, LLC
Ref. Number: W19000106832

We have received your document for SHAG VITAL, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 319A00025114

2019 DEC 11 PM 3:43

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name: The name of the Limited Liability Company is: SHAG Vital, LLC

ARTICLE II - Address:

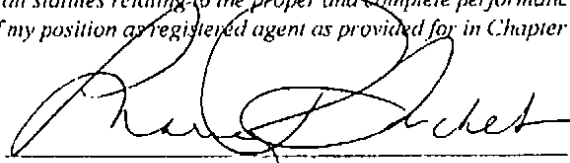
The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Smith & Henzy Advisory Group, Inc.
69 Coles Avenue
Amityville, NY 11714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

United Corporate Services, Inc.
9200 South Dadeland Blvd.- Suite 508
Miami, Florida 33156
County of Dade

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:

Name and Address:

Authorized Member

Timothy Henzy
c/o Smith & Henzy Advisory Group, Inc.
69 Coles Avenue
Amityville, NY 11714

Authorized Member

Darren Smith
c/o Smith & Henzy Advisory Group, Inc.
69 Coles Avenue
Amityville, NY 11714

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.

Timothy Henzy

Typed or printed name of signee

2019 DEC -9 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

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