

L20000073238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

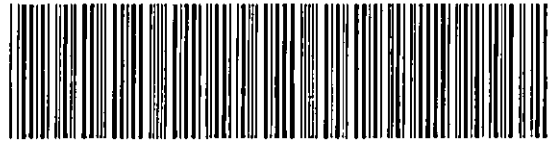
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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03/11/20--01001--021 **125.00

2020 MAR 10 PM 4:22
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

FILED
2020 MAR 10 PM 1:35
SEC. CLERK OF SUP.
TALLAHASSEE, FLORIDA

MAR 11 2020

K Brumbrey

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL, 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Health Brands LLC
(Corporation Name)

Document #

2. _____
(Corporation Name)

Document #

☒ Walk in

_____ Pick up time _____

_____ Mail out

_____ Will wait

_____ Photocopy

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit

_____ Not for Profit

☒ Limited Liability

_____ Domestication

_____ Other

AMMENDMENTS

_____ Amendment

_____ Resignation of R.A. Officer/Director

_____ Change of Registered Agent

_____ Dissolution/Withdrawal

_____ Merger

OTHER FILINGS

_____ Annual Report

_____ Fictitious Name

_____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign

_____ Limited Partnership

_____ Reinstatement

_____ Trademark

_____ Other

INITIALS: _____

EXAMINER'S

COVER LETTER

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

SUBJECT: Health Brands 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:

Oron Unger

Name of Person

Health Brands LLC

Firm/Company

2000 NW 33RD ST

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

otherdocsforus@gmail.com

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

For further information concerning this matter, please call:

Lura Barua 888 650-3738

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health Brands 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:

2000 NW 33RD ST

OAKLAND PARK, FL 33309

2000 NW 33RD ST

OAKLAND PARK, FL 33309

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.,

Bramley Mulligan Asst VP
Registered Agent's Signature (REQUIRED)

3/10/2020

(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

Name and Address:

MGR

ORON UNGER

2000 NW 33RD ST

OAKLAND PARK, FL 33309

(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.

Lura Barua

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)