12000095078

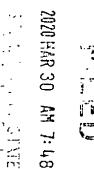
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



400342482904

63/30/20--01025--018 **150.00



COVER LETTER

	New Filing Sect Division of Corp							
		e Health LLC.						
SUBJEC	T:	Name of Limited Liability Company						
	,							
		Organization and fee(s) as						
Please ret	urn all correspo	ndence concerning this m	atter to the	following:				
	William R. N	eill						
		-	Name o	f Person				
			Firm/C	ompany	·			
	2545 indian	river blvd. Apt. 6						
		• <u>-</u> -	Add	ress				
	Vero Beach	, FL 32960						
			City/State a	nd Zip Code	10 11.			
		-mail address: (to be used	Homen	nadehealthma	mnt@gmail.com			
r. e 1				annual report normean	ony			
hor further	information cor	ncerning this matter, pleas	se call:					
	William R. N		72	8346256 _) Daytime Telephone				
	Name		Area Code	Daytime Telephone	e Number			
Enclosed	is a check for th	ne following amount:						
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)				
	<u>Mailin</u>	g Address		Street Address				
	New Filing Section			New Filing Section Division of Corporati	ons			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	R	ľ	CI	Æ.	1.	- Na	me	:
---	---	---	----	----	----	------	----	---

The name of the Limited Liability Company is:

Homemade Health LLC.

(Must conatin 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:
2545 indian river blvd. Apt 6	2545 indian river blvd. Apt 6
Vero Beach, FL 32960	Vero Beach, FL 32960

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:

William R. Neill			
Name			
Apt 6			
s (P.O. Box <u>NOT</u> a	cceptable)		
FL	32960		
State	Zip		
	Apt 6 8 (P.O. Box <u>NOT</u> ac FL		

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)

2020 HAR 30 AM 7: 48

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	William Neill
	2545 indian river plvd. Apt 6
	Vero Beach, FL, 32960
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than th (If an effective date is listed, the date must the date of filing.)	e date of filing:
<u>Note:</u> If the date inserted in this block does the document's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/	Mw3
	
This document is I am aware that an	Fa member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
William R. Neitl	
SAMPAGE IAGIN	Typed or printed name of signee
	- Nitrage at Kritistan similar at months

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)