

L20000249633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

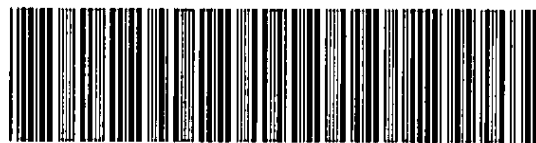
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300350365393

06/24/20--01017--013 \*\*25.00

08/10/20--01025--006 \*\*100.00

FILED  
2020 JUN 24 PM 3:41  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Pharma Health 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:

Johnny Meier

Name of Person

Pharma Health LLC

Firm/Company

2615 State Road 7 Ste B530

Address

Wellington, FL 33414

City/State and Zip Code

johnny@mypharmacleanse.com

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

For further information concerning this matter, please call:

Johnny Meier

954

305-0078

at

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020 JUN 24 PM 3:41  
TALLAHASSEE, FL  
STATE

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pharma Health 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:**2615 State Road 7Ste B530Wellington, FL 33414**Mailing Address:**2615 State Road 7Ste B530Wellington, FL 33414**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:

Johnny Meier

Name

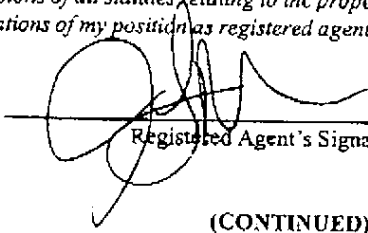
2615 State Road 7 Ste B530Florida street address (P.O. Box **NOT** acceptable)WellingtonFL33414

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)

(CONTINUED)

2020 JUN 24 PM 3:41  
STATE  
SECRETARY OF STATE  
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

MGR

**Name and Address:**

Johnny Meier  
2615 State Road 7 Ste B530  
Wellington, FL 33414

(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.

Johnny Meier

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)

2020 JUN 24 PM 3:41  
DEPARTMENT OF STATE  
TALLAHASSEE, FL