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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

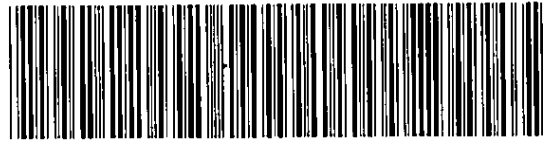
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATURAL ~~HEALTH~~ THERAPIES GROUP INTERNATIONAL
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:

BRIAN PAPPAS

Name of Person

NATURAL Therapies Group International

Firm/Company

740 PARADISE LANE

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

b.pappas11@comcast.net

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

For further information concerning this matter, please call:

Brian Pappas

Name of Person

at (914)

Area Code

431-8108

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

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

Natural Therapies Group International LLC

Article II

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

740 Paradise Lane
Atlantic Beach, FL 32233

The mailing address of the Limited Liability Company is:

740 Paradise Lane
Atlantic Beach, FL 32233

The email address of the Limited Liability Company is:

bpappas11@comcast.net

Article III

The name and Florida Street address of the registered agent is:

Brian Pappas
740 Paradise Lane
Atlantic Beach, FL 32233

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 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

Registered Agent Signature:


Brian Pappas

2009-12-11 10:11:51
C:\Users\BPPAS\Documents\...

Article IV

The name and address of persons authorized to manage LLC:

Brian Pappas, *MGR*
740 Paradise Lane
Atlantic Beach, FL 32233

Mark Stevens, *MGR*
740 Paradise Lane
Atlantic Beach, FL 32233

Signature of member or an authorized representative:


Brian Pappas

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.