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T. SCOTT

MAY 18 2022



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2022

ANTHONY MCGRATH
3250 BONITA BEACH RD STE 205-579
BONITA SPRINGS, FL 34134

SUBJECT: ANTHONY AND MARY HOLISTIC HEALTH SERVICES LLC
Ref. Number: W22000013521

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

Document not legible.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 922A00002961

Anthony & Mary



Holistic Health Services LLC

3250 Bonita Beach Rd
Ste 205 - 579
Bonita Springs, FL 34134
USA

Phone: 708 297 8879

Email: anthonyandmary12@gmail.com

Website: <http://www.anthonyandmary.com>

TAX-ID 26-3246963

Wednesday, January 19, 2022

Dear Sirs and to Whom it may concern

Please find enclosed the check and registration documents for Anthony and Mary Holistic Health Services LLC to be registered in Florida.

Above are the details you require for contact and if there is any further information please do not hesitate to reach out to us.

Thank you for your consideration in these matters:

A handwritten signature in black ink, appearing to read 'Anthony McGrath', with a long horizontal line extending to the right.

Anthony McGrath
Director

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ANTHONY AND MARY HOLISTIC HEALTH SERVICES
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY MCGRATH

Name of Person

ANTHONY AND MARY HHS LLC

Firm/Company

3250 BONITA BEACH RD STE 205-579

Address

BONITA SPRINGS FL 34134

City/State and Zip Code

ANTHONYANDMARY12@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY MCGRATH

Name of Person

at (708)

Area Code

297 8879

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 - Name:

The name of the Limited Liability Company is:

ANTHONY AND MARY HOUSTON HEALTH SERVICES 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:

3250 BONITA BEACH RD

STE 205-579

BONITA SPRINGS FL 34134

Mailing Address:

3250 BONITA BEACH RD

STE 205-579

BONITA SPRINGS FL 34134

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:

ANTHONY MCGRATH

Name

10012 HIDDEN PINES LANE

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

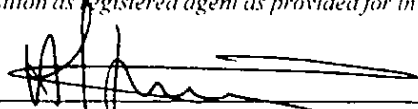
BONITA SPRINGS FL 34135

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)

221.117
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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Name and Address:

ANTHONY MCGRATH

10012 HIDDEN PINES

BONITA SPRINGS FL 34135

MARY MCGRATH

10012 HIDDEN PINES

BONITA SPRINGS FL 34135

(Use attachment if necessary)

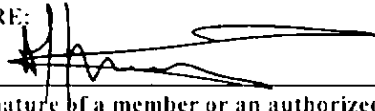
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

ANTHONY MCGRATH

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)