

L23000070367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

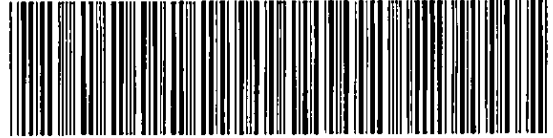
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2023 JAN 26 AM 10:37

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## **MitochondrialHealth, LLC**

Theodore (Ted) B. Langdon, AMBR

Jacquelyn S. Langdon, AMBR

15319 Harvest Blvd

Clermont, Florida 34714

352-348-9402

tedblangdon@gmail.com

ED

2023 JAN 25 AM 10:38

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mitochondrial 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:

Theodore (Ted) Bradberry Langdon  
Name of Person

Mitochondrial Health, LLC  
Firm/Company

15319 Harvest Blvd  
Address

Clermont, FL 34714  
City/State and Zip Code

tedblangdon@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ted Langdon at ( 352 ) 348-9402  
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

2023 JAN 26 AM 10:30

ED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER AMBR

AMBR

**Name and Address:**

Theodore B. Langdon  
15319 Harvest Blvd  
Clermont, FL 34714

Jacquelyn S. Langdon  
15319 Harvest Blvd  
Clermont, FL 34714

(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:**

Theodore B. Langdon

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.

Theodore B. Langdon

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)

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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

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Division of Corporations  
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Tallahassee, FL 32314

Street Address

New Filing Section Division  
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2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 JAN 23 AM 10:38

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"MGR" = Manager

MANAGER AMBR

AMBR

**Name and Address:**

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Clermont, FL 34714

Jacquelyn S. Langdon  
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\$ 5.00 Certificate of Status (Optional)

2023 JAN 26 AM 10:38

CLERK OF THE COURT

LD