

L2 3000315278
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000236212 3)))



H230002362123ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 JUL -5 PM 3:30

DIVISION OF CORPORATIONS
CAPITOL SERVICES

**FLORIDA LIMITED LIABILITY CO.
IDENTITY HORMONES FL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2023 JUL -5 PM 3:35

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 900EABF1-FC2A-425B-B889-966CC820747B

COVER LETTER

H23000236212

**TO: New Filing Section
Division of Corporations**

SUBJECT: Identity Hormones FL 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:

Susan Kay
Name of Person
Identity Hormones
Firm/Company
14358 N Frank Lloyd Wright #4
Address
Scottsdale, AZ 85260
City/State and Zip Code
skay@agelessmenshealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Kay at (480) 332-0952
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

H23000236212

DocuSign Envelope ID: 900EABF1-FC2A-425B-B889-988CC820747B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000236212

ARTICLE I - Name:

The name of the Limited Liability Company is:

Identity Hormones FL 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:14358 N. Frank Lloyd Wright Blvd., Suite 4
Scottsdale, AZ 85260Mailing Address:14358 N. Frank Lloyd Wright Blvd., Suite 4
Scottsdale, AZ 85260

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:

National Registered Agents, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
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..

National Registered Agents, Inc.

By: Nichol McCray Nichol McCray, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023
-
AM 8:35

H23000236212

DocuSign Envelope ID: 900EABF1-FC2A-425B-B689-966CC820747B

H23000236212

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRIdentity Hormones Holdings, Inc.
14358 N. Frank Lloyd Wright Blvd., Suite 4

(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:

DocuSigned by:

Susan Kay

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.Susan Kay

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)

2023 JUL 5 3:35 PM

H23000236212