

L24000051126

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

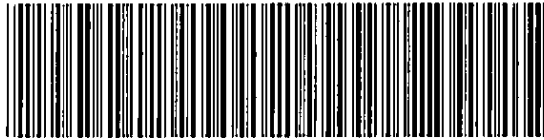
Special Instructions to Filing Officer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only



800419223888

01/30/24--01016--025    \*\*72.50

11/20/23--01035--003    \*\*87.50

FILED  
2024 JAN 16 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

T. MATTHEWS  
JAN 3 . 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2023

DR. JAMES MITCHELL  
PO BOX 671CA BLVD  
SHARPES, FL 32959 US

2nd

SUBJECT: U.S.A NATURAL ANTI-VIRAL FORMULAS LLC  
Ref. Number: W23000158089

We have received your document for U.S.A NATURAL ANTI-VIRAL FORMULAS LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

IF YOU WOULD LIKE TO FILE A LIMITED LIABILITY COMPANY (LLC),  
PLEASE INCLUDE AN ADDITIONAL CHECK OR MONEY ORDER IN THE  
AMOUNT OF \$72.50.

Please return 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.

Tekayla T Matthews  
Regulatory Specialist II

Letter Number: 723A00027015

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: U.S.A. NATURAL ANTI-VIRAL FORMULAS L.L.C.  
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:

DR. JAMES MITCHELL

Name of Person

U.S.A. NATURAL ANTI-VIRAL FORMULAS

Firm/Company

P.O. BOX 672

Address

SHARPE, FLORIDA 32959

City/State and Zip Code

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

For further information concerning this matter, please call:

DR. JAMES MITCHELL at 321 464-1138

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

U.S.A. NATURAL ANTI-VIRAL FORMULAS  
LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
2024 JAN 16 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

6065 CORSICA BLVD,  
COCOA, FLORIDA 32927

Mailing Address:

P.O. BOX 672  
SHARPS, FLORIDA 32959

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:

DR. JAMES MITCHELL

Name

6065 CORSICA BLVD.

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

COCOA, FLORIDA 32927

City

State

Zip

32927

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..

Dr. James Mitchell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

FILED

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

2024 JAN 16 PM 3:18

DR. JAMES MITCHELL

6065 CORSTEN BLVD  
COCONA, FLORIDA 32927

DR. JAMES MITCHELL

6065 CORSTEN BLVD,  
COCONA, FLORIDA 32927

SECRETARY OF STATE  
TALLAHASSEE, FL

(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:

*Dr. James Mitchell*

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.

DR. JAMES MITCHELL

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)