

L99 Natural Healing Center

5877 Hwy 90 - Milton, Florida 32570
850 981-1463 Office 850 981-1463 Fax

Debbie M. Ioakim, M.T., N.D.

Ramona L. Matchett, N.D.

October 18, 1999

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL. 32314

800003017968--5
-10/19/99-01033--001
****160.00 ****160.00

Dear Sirs:

Enclosed are Articles of Organization for Florida Limited Liability Company, with Certificate of Designation of Registered Agent/Registered Office.

Enclosed also is a check for \$160, for the following:

Filing Fee for Articles of Organization and Affidavit
Designation of Registered Agent
Certified Copy
Certificate of Status

FILED
99 OCT 19 1999
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
\$100.00
\$25.00
\$30.00
\$5.00

Sincerely,

Ramona L. Matchett

Ramona L. Matchett

Encls.(4)

L99-6969

Name	OK 10-22
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Natural Healing Center, L.L.C.

ARTICLE II - Address:

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

5807 Hwy. 90

Milton, Florida 32583-1739

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Indefinite.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Deborah M. Ioakim
6282 Pine Terrace Circle
Milton, Florida 32570-7817

Ramona L. Matchett
2424 Highway 182
Jay, Florida 32565-9410

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

No additional members will be admitted to the limited liability company as a member.

FILED

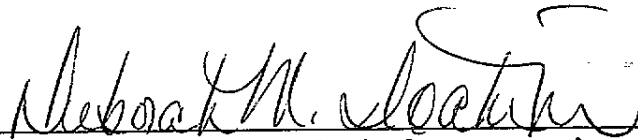
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SECRETARY OF STATE

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining member of the limited liability company shall have the right to continue the business in the event of any of the above occurrences.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Deborah M. Ioakim

Typed or printed name of signee

Filing Fee: ~~\$250.00~~ for Articles and Affidavit
\$100.00

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Natural Healing Center, L.L.C.

2. The name and the Florida street address of the registered agent are:

Deborah M. Ioakim

NAME

5807 Highway 90

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

Milton

FL

32583-1739

CITY, STATE AND 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.

Deborah M. Ioakim

SIGNATURE

Filing Fee: \$ ~~35~~ for Designation of Registered Agent
\$ 25

09 OCT 19 PM 5:00

FILED