

L12 000084773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

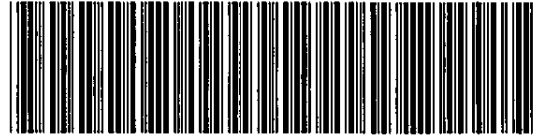
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 3 2012

EXAMINER

L12-84773

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Health & Rejuvenation Consultants LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dwight McDonald

Name of Person

Prime Health & Rejuvenation Consultants LLC

Firm/Company

12765 Forest Hill Blvd Suite 1319

Address

Wellington, FL 33414

City/State and Zip Code

dwightm@primehealthrc.com

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

For further information concerning this matter, please call:

Dwight McDonald

Name of Person

at (561)

232-3787

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP 24 AM 10:43

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 Prime Health & Rejuvenation Consultants, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Two managing members should be removed from this LLC,

please remove Steven Rahman & Wayne Resnick from the LLC as they are

not members, they never decided to become part owners per a verbal agreement.

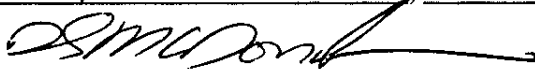
Please add Carla McDonald as a Managing Member instead.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 19 2012



Signature of a member or authorized representative of a member

Dwight McDonald

Typed or printed name of signer

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2012 SEP 19 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000084773
FILED 8:00 AM
June 27, 2012
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

PRIME HEALTH & REJUVINATION CONSULTANTS LLC

Article II

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

8401 LAKE WORTH ROAD
SUITE 103
LAKE WORTH, FL. US 33467

The mailing address of the Limited Liability Company is:

8401 LAKE WORTH ROAD
SUITE 103
LAKE WORTH, FL. US 33467

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

DEWITT S MCDONALD
4610 WINDWARD COVE LANE
WELLINGTON, FL. 33449

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.

Registered Agent Signature: DEWITT MCDONALD

Article V

The name and address of managing members/managers are:

Title: MGRM
PRIME PERFORMANCE WELLNESS CENTERS INC
4610 WINDWARD COVE LANE
WELLINGTON, FL. 33449 US

Title: MGRM
STEVEN E RAHMAN
82 MIDPINE TERRACE
WELLINGTON, FL. 33414 US

Title: MGRM
WAYNE RESNICK
1800 VIA ROYALE #1806
JUPITER, FL. 33458 US

L12000084773
FILED 8:00 AM
June 27, 2012
Sec. Of State
thampton

Signature of member or an authorized representative of a member

Electronic Signature: DEWITT MCDONALD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.