

L08000080455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

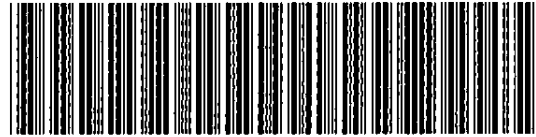
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

AUG 22 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 696160 7193709

AUTHORIZATION :

COST LIMIT : \$125.00

Lyndee

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FILED
TALLAHASSEE, FLORIDA

ORDER DATE : August 22, 2008

ORDER TIME : 9:45 AM

ORDER NO. : 696160-005

CUSTOMER NO: 7193709

DOMESTIC FILING

NAME: WELLNESS WATCHERS HEALTH
COACHING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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08 AUG 22 PM 2:15
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the Limited Liability Company is "Wellness Watchers Health Coaching, LLC".

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is 1201 Hays Street, Tallahassee, FL 32301.

ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the Registered Agent are:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Having been named as the 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 agree to accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By:  Jeanine Reynolds
Name: _____ as its agent

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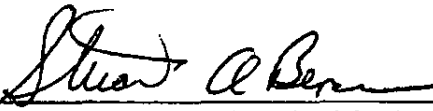
ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
MGRM	SAB Systems, LLC, a Florida limited liability company 1289 Clint Moore Road Boca Raton, FL 33487
MGRM	Ryan M. Benson 1289 Clint Moore Road Boca Raton, FL 33487
MGRM	Tara R. Benson 1289 Clint Moore Road Boca Raton, FL 33487
MGRM	D & D Hayes, LLC, a Delaware limited liability company 529 Avenida del Verdor San Clemente, CA 92672

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

SAB SYSTEMS, LLC, Authorized Representative
of the Managing Members

By: 
Stuart A. Benson, Managing Member