

L0100000 7986

Requester's Name



Main Office:  
5020 Central Ave.  
St. Petersburg, Florida 33707 USA

Office Use Only

CORP ADDRESS CORRECTION REQUESTED

MENT NUMBER(S), (if known):

P.O. Box 618126

ORLANDO, FL 32861

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1. \_\_\_\_\_  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

#### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

#### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

#### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2001 MAY 17 PM 12:16

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Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL NATIONS WELLNESS CENTER, LLC

## ARTICLE II - Address:

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

885 N. POWERS DR.  
ORLANDO, FL. 32818

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

GESNER LOUISIUS  
Name  
426 W. OAKRIDGE RD. 206  
Florida street address (P.O. Box NOT acceptable)  
ORLANDO, FL 32809  
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 as provided for in Chapter 608, F.S..

GESNER LOUISIUS  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(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.)

DR. ANAS A. KHAUF / ANNA Q. ANAS  
Typed or printed name of signer

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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