

TRANSMITTAL LETTER

L0100000 9894

Department of State
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

SUBJECT:

Doctor's Clinic of Health and Wellness, P LLC

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

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 -06/15/01--01097--002
 ****125.00 ****125.00

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

Please send one check for the total amount made payable to the Florida Department of State.

FROM:

Deborah Tanus
 1270 Gulf Blvd #2003
 Clearwater, FL 33767
 (727) 517-3515

FILED
 2001 JUN 15 PM 1:15
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

please return a
 confirmation of filing date.
 Thank you.

ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Doctor's Clinic of Health and Wellness, *PLLC*

ARTICLE II - Address:

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

1270 Gulf Blvd #2003, Clearwater, FL 33767

ARTICLE III - Registered Agent

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

Deborah Tanus, 1270 Gulf Blvd #2003, Clearwater, FL 33767

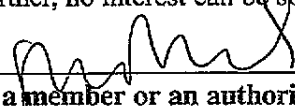
ARTICLE IV - Management:

(Check the appropriate box)

- ☒ The Limited Liability Company is to be a manager-managed company.
☐ The Limited Liability Company is to be managed by the members.

ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of Medicine and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

 6/12/01
 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.)

Dr. Deborah Tanus, D.O.

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

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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: _____

Doctor's Clinic of Health and Wellness, P LLC

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

Deborah Tanus
1270 Gulf Blvd #2003
Clearwater, FL 33767

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA