

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

L010000014500

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. American Wellness Association, LLC  
(Corporation Name) (Document #)

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

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

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

01 AUG 27 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

☒ Walk in

☐ Mail Out

☒ Pick up time

☐ Will wait

☐ Certified Copy

☐ Certificate of Status

☒ Photocopy

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

800004557258--5

-08/27/01--01019--018

\*\*\*125.00 \*\*\*125.00

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2001 AUG 27 AM 10:45

CR2E031(7/97)

RECEIVED  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

Examiner's Initials

8/27/01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: AMERICAN WELLNESS ASSOCIATION, LLC

## ARTICLE II - Address:

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

401 N.E. Mizner Blvd., Tower 204  
Boca Raton, FL 33432

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

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

Brian Yusem

Name

401 N.E. Mizner Blvd., Tower 204

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

Tallahassee FL 33432

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..*

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.)

Brian Yusem

Typed or printed name of signee

### 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)

01 AUG 27 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED