

L01000021840

December 7, 2001

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the completed Articles of Organization for Florida Limited Liability Company form and personal check (#987) in the amount of \$160.00 for registration. This information is being submitted by: Sherri L. Berner
P. O. Box 517
New Smyrna Beach, FL 32170
(386) 428-9242

Thank you for your assistance in this process.

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-12/13/01--01047--001
****160.00 ****160.00

Sincerely,

Sherri L. Berner

Sherri L. Berner

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abundant Health Day Spa, LLC

ARTICLE II - Address:

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

mailing: P.O. Box 517 New Smyrna Beach, FL 32170 Street: 2568 S. Ridgewood Avenue Edgewater, FL 32141

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

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

Sherri L. Berner

Name

143 Live Oak Ct.

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

New Smyrna Beach FL 32168

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.

Sherri L. Berner

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)

Sherri L. Berner

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.)

Sherri L. Berner

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)

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