

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: A 1 A CORPORATE SERVICES, INC. Account Name

Account Number : 120010000247 : [305)673-0347 Phone

: (305)532-0738 Fax Number

# LIMITED LIABILITY COMPANY

MED-WELL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	92/03
Estimated Charge	\$125.00

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

# In compliance with Chapter 608, r.o. ARTICLE I NAME The name of the Limited Liability Company is: MED-WELL, LLC ARTICLE II ADDRESS The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is: The malting address and street address of the principal office of the Limited Liability Company is:

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

A1A CORPORATE SERVICES INC.

1221 BRICKELL AVE. SUITE 900

MIAMIL FL 33131

Having been named as registered agent 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.

Paul Smith Hick-PRESIDENT, PAUL STITH

Registered Agent's Signature

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by onemanager or more managers and is, therefore, manager - managed.

# ARTICLE V MEMBERS (optional)

Member:

Body Symphony Health Sciences, LLC

2545 E. Sunrise Blvd., #202

Fort Lauderdale, Florida 33304

Member:

Health Freedom Alliance (Pure Trust Organization)

2545 E. Sunrise Blvd., #202

Fort Lauderdale, Florida 33304

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PAGE 2 MED-WELL, LLC

Member: Body Symphony Institute 2545 E. Sunrise Blvd., #202 Fort Lauderdale, Florida 33304

# ARTICLE VI MANAGERS (optional)

Manager: Bach A. McComb 1040 Seminole Drive, #1459 Fort Lauderdale, FL 33304

# ARTICLE VII

The liability of the members and managers of the LLC for monetary damages shall be eliminated to the fullest extent permissible under Florida law.

Nothing contained in these Articles of Organization shall limit or preclude the exercise of any right relating to indemnification or advancement of attorney's fees and expenses to any person who is or was a member or manager of the LLC.

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.

Bach A. McComb

Typed or printed name of signee

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