# LD2000021039

GLENN W. TOMASONE ATTORNEY AT LAW 244 E. EAU GALLIE BOULEVARD INDIAN HARBOUR BEACH, FL 32937 (321) 777-9799 (321) 777-9299 (Facsimile)



July 17, 2002

700006551867--5 -07/22/02--01054--008 \*\*\*\*125.00 \*\*\*\*125.00

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

RE: Heaven Sent Wellness Institute, L.L.C.

Dear Sir or Madam:

This is to enclose the original and one copy of Articles of Incorporation regarding the above referenced corporation, together with a check in the amount of One Hundred Twenty-Five Dollars (\$125.00), as filing fees and Designation of Registered Agent. Please file the original and return a copy to me.

Should you have any questions or require any additional information, please do not hesitate to contact my office.

Thank you for your assistance.

Sincerely,

Glenn W. Tomasone, Esquire

gwt/mb

Enclosures as stated:

W02-21177

3. BRYAN JUL 2 3 2002



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 23, 2002

GLENN W. TOMASONE, ESQ. 244 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH, FL 32937

SUBJECT: HEAVEN SENT WELLNESS INSTITUTE, L.L.C.

Ref. Number: W02000021177

We have received your document for HEAVEN SENT WELLNESS INSTITUTE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 602A00044748

ON THE AUG IS PAY 2: 44

## ARTICLES OF ORGANIZATION FOR HEAVEN SENT WELLNESS INSTITUTE, L.L.C. A FLORIDA LIMITED LIABILITY COMPANY

ATTONOSCOPORATIONS

The undersigned subscriber to these Articles of Organization, a natural person competent to contract and render services as such under the laws of the State of Florida, hereby forms a Limited Liability Company for profit under the Florida Professional Service Corporation Act and other laws of the State of Florida.

#### **ARTICLE I - NAME**

The name of the Limited Liability Company is: **HEAVEN SENT WELLNESS INSTITUTE, L.L.C.** 

#### **ARTICLE II -ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Corporation is: 4455 Pinewood Road, Melbourne, Florida 32934.

#### ARTICLE III - DURATION AND COMMENCEMENT

This corporation is to exist perpetually. The date when corporate existence shall commence shall be August 15, 2002.

#### ARTICLE IV - MANAGEMENT

**HEAVEN SENT WELLNESS INSTITUTE**, L.L.C., is to be managed by

its manager(s). The name(s) and address(es) of the manager(s) are:

- Jane Warner
   4455 Pinewood Road
   Melbourne, Florida 32934
- Angela K. Eley
   4455 Pinewood Road
   Melbourne, Florida 32934



The members of **HEAVEN SENT WELLNESS INSTITUTE**, **L.L.C.** may appoint one or more manager(s) to manage this company. Such manager(s) shall serve until the next annual meeting of members or until their successor(s) are elected or qualify.

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the member(s) to admit additional members and the terms and conditions of the admission shall be:

No new member(s) may be admitted to this company unless each member consents in writing to the admission of such new member(s).

### ARTICLE VI - DISSOLUTION AND MEMBERS RIGHTS TO CONTINUE BUSINESS

**HEAVEN SENT WELLNESS INSTITUTE, L.L.C.** shall be dissolved upon the occurrence of any of the following events:

- 1. When the period fixed for the duration of this company expires.
- 2. By the unanimous written agreement of all parties.
- 3. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member in this company or the occurrence of any other event which terminates the continued membership of a member in this company. The remaining member(s) of **Heaven Sent Wellness Institute**, **L.L.C.** shall have no right to continue the business.

IN WITNESS WHEREOF, the undersigned member(s) or authorized

representative(s) has executed the Articles of Organization on this 3 day of July 2002.

Member: Jane Warner

Member: Angela K. Eley

STATE OF FLORIDA COUNTY OF BREVARD

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments, personally appeared members, Jane Warner and Angela K. Eley, to me known to be the persons described herein who executed the foregoing Articles of Organization, and being first duly sworn acknowledged before me that they have been fully informed of the contents thereof, she voluntarily subscribes to these Articles of Organization on the day the same bears date.

WITNESS my hand and official seal in the County and State named above this

August

day of JULY, 2002.

Identification: Driver's Licenses

Notary Public

PRINT NAME

My Commission Expires

Mitzi B. Bates MY COMMISSION # CC834402 EXPIRES

May 9, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

This instrument was prepared by:

Glenn W. Tomasone, Esq. 244 E. Eau Gallie Boulevard Indian Harbour Beach, FL 32937

(321) 777-9799; Florida Bar No.: 088848

## 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 Lizbility Company is:	Zn.
HEAVEN SENT WELLNESS INSTITUTE, L.L.C.	01/1/2/2/1/
2. The name and the Florida street address of the registered agent and office are:	THE PARTY OF THE P
Angela K. Eley (Name)	
Florida street address (P.O. Box NOT ACCEPTABLE)	_ _
	,
Melbourne FL 32934 (City/State/Zip)	<del>-</del>

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.

All Signature)

S 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)