

L03000034621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

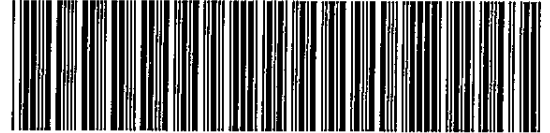
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 12 AM 11:05

DIVISION OF CORPORATION

BK

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03 SEP 12 PM 12:12

TALLAHASSEE, FLORIDA

Charter Number Only

September 11, 2003

Joel S. Baum

Requestor's Name

1515 University DR. #209

Address

Coral Springs, FL 33071

City

State

Zip

Phone

954 752 1712

VALIDATION ONLY

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03 SEP 12 PM 12:12
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Boca Raton Wellness Center LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Name

Availability

Document

Examiner

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Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY
BOCA RATON WELLNESS CENTER LLC

03 SEP 12 PM 12:12
FILED
STATE
TALLAHASSEE, FLORIDA

Article I – Name

Boca Raton Wellness Center LLC

Article II – Address:

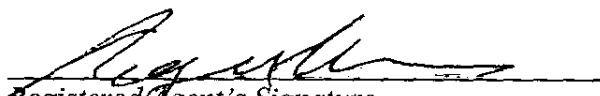
The mailing address and street address of the principal office of the Limited Liability Company is:

9980 Central Park Blvd. Suite 104
Boca Raton, Florida 33428

Article III – Registered Agent, Registered Office, & Registered Agent's Signature

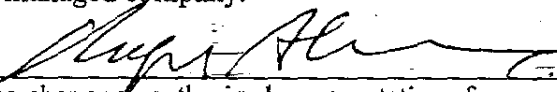
Roger A. Levy
9980 Central Park Blvd. Suite 104
Boca Raton, Florida 33428

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.


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.)

Roger A. Levy


Typed or printed name of signee