

L04 0000 66602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400040530354

09/03/04--01051--006 \*\*125.00

FILED  
04 SEP -3 PM 12:36  
TALLAHASSEE, FLORIDA

9/10/04  
chust

*Michael F. & Coni B. Stephenson*  
380 Speyside Lane  
Apopka, FL 32712  
517-256-0136, email: Coni4Mike@aol.com

---

*August 31, 2004*

*Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314*

*To Whom It May Concern:*

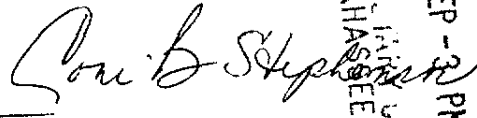
*Enclosed is the "Articles of Organization" and a check in the amount of \$100.00  
for the filing fee. and \$25 Registered Agent fee. (S)*

*If you have any additional questions or if we may be of additional assistance, please  
don't hesitate to contact the above number. Thank you.*

*Sincerely,*



*Michael F. Stephenson*



*Coni B. Stephenson*

*Enclosures*

**FILED**  
04 SEP - 2004 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wellness Solutions, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coni B. Stephenson  
(Name of Person)

Wellness Solutions, LLC  
(Firm/Company)

380 Speyside Lane  
(Address)

Apopka, FL 32712  
(City/State and Zip Code)

For further information concerning this matter, please call:

Coni B. Stephenson at ( 517 ) 256-0136  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY  
TALLAHASSEE, FLORIDA

04 SEP -3 PM 12:36

FILED

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wellness Solutions, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

995 SR 434 North, Suite 507

380 Speyside Lane

Altamonte Springs, FL 32714

Apopka, FL 32712

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

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

Michael F. Stephenson

Name

380 Speyside Lane

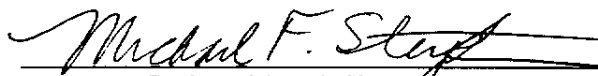
Florida street address (P.O. Box **NOT** acceptable)

Apopka, FLORIDA 32712

City, State, and Zip

**FILED**  
04 SEP -3 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michael F. Stephenson

380 Speyside Lane

Apopka, FL 32712

MGR

Coni B. Stephenson

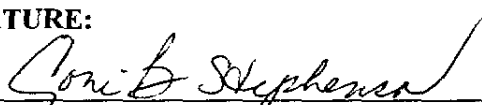
380 Speyside Lane

Apopka, FL 32712

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Coni B. Stephenson

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP -3 PM 12:36

**FILED**

**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)**