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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	síness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: The Business Welln	ess Center, L.L.C.		
		(Name of Limited Liability Company)		
The en	closed Articles of Organization	on and fee(s) are submitted for filing.		
	Please retur	m all correspondence concerning this matter to the following:		
	Richard W. Beagles			
		(Name of Person)		
	Hevia, Beagles & Co	ompany, P.A.		
		(Firm/Company)		
	9400 Fourth Street North,	Suite 120		
		(Address)		
St. Petersburg, Florida 33702				
		(City/State and Zip Code)		
For fur	ther information concerning	this matter, please call:		
Richa	rd W. Beagles	at (800) 570-5404 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2004

RICHARD W. BEAGLES HEVIA, BEAGLES & COMPANY, P.A. 9400 FOURTH STREET N., STE. 120 ST. PETERSBURG, FL 33702

SUBJECT: THE BUSINESS WELLNESS CENTER, L.L.C.

Ref. Number: W04000035899

We have received your document for THE BUSINESS WELLNESS CENTER, L.L.C. and check(s) totaling \$100.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Secretary of State.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a fee of \$25.00 due.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 304A00056753

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company	is:	
The Business Wellness Center, L.L.C.		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is	3:
Principal Office Address:	Mailing Address:	
9400 Fourth Street North, Suite 120	9400 Fourth Street North, Suite 120	
St. Petersburg, Florida 33702 St. Petersburg, Florida 33702		
ARTICLE III - Registered Agent, Registe The name and the Florida street address of t	red Office, & Registered Agent's Signature: he registered agent are:	
	04 7.04	
Richard W. Beagles		
Name		
9400 Fourth Street North, Suite 120		フ
9400 Fourth Street North, Suite 120 Florida street address (P.O. Box NOT acceptable)		7
St. Petersburg	FLORIDA 33702	
City, St	ate, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Richard W. Beagles 9400 Fourth Street North Suite 120 St. Petersburg, Florida 33702			
	· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:	easler			
Signature of a member or an au	thorized 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.)				
Richard W. Beagles	ted 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)