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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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LIMITED LIABILITY COMPANY

The Wellness Centre LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **The Wellness Centre 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:**5745 Canton Cove, Suite 1215745 Canton Cove, Suite 121Winter Springs, FL 32708Winter Springs, FL 32708**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

William Jones, MDName5745 Canton Cove, Suite 121(P.O. Box or Mail Drop Box **NOT** Acceptable)Winter Springs, FL 32708(City / State / Zip)

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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 - William Jones, MD

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

William Jones, MD- 2807 Bear Island Pointe, Winter Park, FL 32792

MGRM

Christy Queitsch- 2013 Winding Oaks Drive, Orlando, FL 32825

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

William Jones, MD

Typed or printed name of signee

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