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Account Number : 120010000247 (800)494-3124 Phone

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Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY (

WELLNESS CENTER OF PALM BEACH LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is: WELLNESS CENTER OF PALM BEACH LLC

ARTICLE II: Address

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

109 NE 19 DRIVE OKEECHOBEE, FL 34972

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

LUIS ROSAS 109 NE 19 DRIVE OKEECHOBEE, FL 34972

Having been named as registered agent 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.

LUIS ROSAS/Registered Agent's Signature

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SECRETARY OF STATE

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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WELLNESS CENTER OF PALM BEACH LLC

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

LUIS ROSAS 109 NE 19 DRIVE OKEECHOBEE, FL 34972

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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.)

LUIS ROSAS