

# L07000092237

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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## FLORIDA/FOREIGN LIMITED LIABILITY CO

### Envision Wellness, 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:  
Envision Wellness, LLC

## ARTICLE II ADDRESS

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

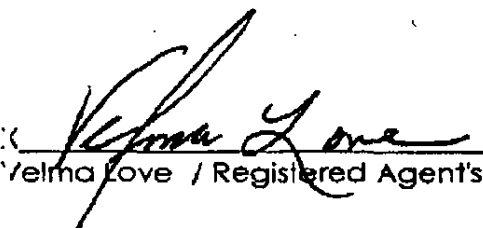
3909 Reserve Drive #1212  
Tallahassee Florida 32311

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

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

Velma Love  
3909 Reserve Drive #1212  
Tallahassee Florida 32311

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..

  
Velma Love / Registered Agent's

## ARTICLE IV MANAGEMENT

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

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Envision Wellness, LLC

ARTICLE V MEMBERS (optional)

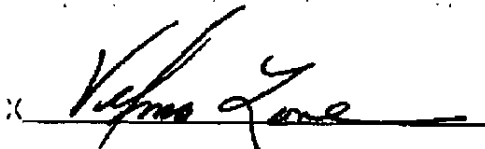
MANAGING MEMBER:

Velma Love

3909 Reserve Drive #1212

Tallahassee Florida 32311

\*\*\*\*\*



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.

Velma Love

Typed or printed name of signee

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