

LD70000120482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

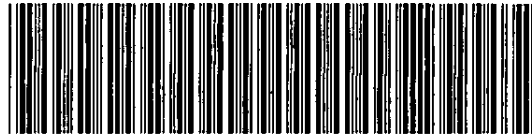
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Accounting
Bookkeeping
Income Taxes
Insurance
Tax Consulting

November 16, 2007

Registration Section
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: EADS WELLNESS CENTER, L.L.C.

Dear Sirs;

Enclosed, please find two copies of The Articles of Organization for: **EADS WELLNESS CENTER, LLC.**

Check # 15112, in the amount of \$ 125.00 is included for Filing Fees and Registered Agent Designation.

Please process and return same to this office for further processing. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TROUP FINANCIAL SERVICES

encl.: Articles of Organization
Check # 15112

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is: **EADS WELLNESS CENTER, LLC.**

ARTICLE II
ADDRESS

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

Principal Office Address

**5 Carrington Lane
Ormond Beach, FL 32174-3897**

Mailing Address

**5 Carrington Lane
Ormond Beach, FL 32174-3897**

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE

The name and the Florida street address of the Registered Agent is:

**Elizabeth A. Eads
5 Carrington Lane
Ormond Beach, FL 32174-3897**

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

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ARTICLE IV
MANAGERS OR MANAGING MEMBERS

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
General Manager Managing Member	Elizabeth A. Eads 5 Carrington Lane Ormond Beach, FL 32174-3897

ARTICLE V
EFFECTIVE DATE

The effective date of this Limited Liability Company shall be: **The Article Filing Date**



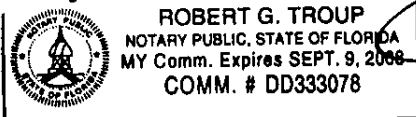
Elizabeth A. Eads
Member or Authorized Representative

(In accordance with Section 608.403(3),
Florida Statutes, the execution of this
document constitutes an affirmation under
the penalties of perjury that the facts
stated herein are true)

Elizabeth A. Eads
Printed Name of Signee

Before me, the aforesigned authority personally appeared, who being known to me to be **Relizabeth A. Eads**, acknowledged that she executed the foregoing Articles of Organization and Registered Agent acceptance for **EADS WELLNESS CENTER, LLC**.

State of Florida
County of Volusia



Notary Public

Date:

11/27/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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