

W08000018131

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Premiere Wellness Centers LLC

Certificate of Status	0
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FAX AUDIT # HO8000044133

**ARTICLES OF ORGANIZATION
OF
Premiere Wellness Centers LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Premiere Wellness Centers LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
10801 SW Traditions Square, Port St. Lucie, Florida 34987.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William Jensen, 10801 SW. Traditions Square, Port St. Lucie, Florida 34987. Located in the County of St. Lucie.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.


ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

William Jensen, 755 Riverside Dr. #1325, Coral Springs, Florida 33071

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Date: February 12, 2008

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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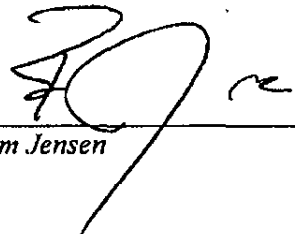
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Premiere Wellness Centers LLC**

The name and address of the registered agent and office is William Jensen, 10801 SW. Traditions Square, Port St. Lucie, Florida 34987. Located in the County of St. Lucie.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 
William Jensen

Date: 2/18/08

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