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JUL - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOLISTIC HEALING WELLNESS, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DR. BARBARA ANN WILMES (Name of Person)	
HOLISTIC HEALING WELLNESS, LLC (Firm/Company)	
134 EAST HAMPTON WAY (Address)	
JUPITER, FL 33458 (City/State and Zip Code)	
For further information concerning this matter, please call:	
DR. BARBARA ANN WILHES at 561 746-4828 TO SE (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	E L'indistrige Ve L'indistrige E L'indistrige
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\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, \bigcup \\$Certificate of Status & \bigcup \\$Certificate of Status & \bigcup \\$Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	DELLNESS, LLC pany, "Limited Company" or their abbreviation "LLC," or "L.C."	C., ")	
		·	
ARTICLE II - Address:	on afthe mineinal office of the Limited Liebility	· Cammana: !a.	
The manning address and street addres	ss of the principal office of the Limited Liability	Company is:	
Principal Office Address:	Mailing Address:		
	1211 FLET HAMPTON 1	1.20.	
	134 EAST HAMPTON L JUPITER, FL 3345	2/4	
		<u> </u>	
			
(The Limited Liability Company cannot serve as i	Registered Office, & Registered Agent's Signatis own Registered Agent. You must designate an individual or an analysis.	ature: another	
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	its own Registered Agent. You must designate an individual or an individua	another	
(The Limited Liability Company cannot serve as i	its own Registered Agent. You must designate an individual or an individua	another	~Quanty
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(The Limited Liability Company cannot serve as i business entity with an active Florida registration.) The name and the Florida street address of the DR. BARBA	its own Registered Agent. You must designate an individual or an individua	another 2860 JUL - 2	mounts
(The Limited Liability Company cannot serve as i business entity with an active Florida registration.) The name and the Florida street address DR.BARBA	its own Registered Agent. You must designate an individual or an individua	another 2860 JUL - 2	and the second
(The Limited Liability Company cannot serve as i business entity with an active Florida registration.) The name and the Florida street address DR.BARBA	its own Registered Agent. You must designate an individual or an individua	another SECONDANY SECONDANY	AND

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	DR. BARBARA ANN WILHES 134 FAST HAMPTON WAY JUPITER. FL 33458	
MGMR	JENA ANN MURPHY 2817 VIA ROYALE JUPITER FL 33458	
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE: Signature of a memi	and Leternes, DS. See or an authorized representative of a member.	
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
DR. BA	SARA ANN WILHES Typed or printed name of signee	
Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA COUNTY OF PALM BEACH

Page 2 of 2

144 401 SWICH TO OR AFFIRMED AND SIGNED BEFURE ME ON THE 30, 2008 BY BARBARA ANN WILMES.

John Europe

