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To:

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From:

Account Name

: CSH SERVICES, LLC

Account Number : 120070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO

VITAL WELL BEING LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$125.00

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EXAMINER

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

VITAL WELL BEING LLC

ARTICLE II ADDRESS

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

636 PORTSIDE DRIVE
NAPLES, FLORIDA 34103

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE'S REGISTERED AGENT SIGNATURE

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

GALE W. SCOTT 636 PORTSIDE DRIVE NAPLES, FLORIDA 34103

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.

GALE W. SCOTT / Registered Agent's signature

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VITAL WELL BEING LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
GALE W. SCOTT
636 PORTSIDE DRIVE
NAPLES, FLORIDA 34103

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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.

GALE W. SCOTT