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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

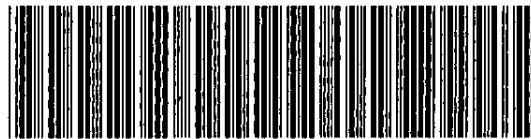
Special Instructions to Filing Officer:

L. SELLERS

AUG 19 2008

EXAMINER

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TALLAHASSEE FLORIDA



VASALLO & VASALLO, P.A.

12394 S.W. 82ND AVENUE
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Christopher D. Vasallo, Esq.*
Lelenia C. Vasallo, Esq.
Andrew H. Thompson, Esq.**
Erick F. Lora, Esq. *Of Counsel*
*LLM in Taxation
**LLM in Estate Planning

Reply to:
ANDREW H. THOMPSON

August 11, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization

To Whom It May Concern:

Please find attached hereto the Articles of Organization for Transformational Wellness Center, LLC.
Please file same accordingly.

Also, please find enclosed a check in the amount of \$125.00 to file the Articles of Organization.

Should you require any additional information, please do not hesitate to contact me.

Best regards,

Andrew H. Thompson, Esq.

AHT/es
enclosures: aforementioned.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transformational Wellness Center, 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:

Christopher D. Vasallo
(Name of Person)

Vasallo & Vasallo, PA
(Firm/Company)

12394 SW 82 Avenue
(Address)

Pinecrest, Florida 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Vasallo at (305)233-9066
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Transformational Wellness Center, LLC

ARTICLE II – Address:

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

Principal Office Address:

6300 Powers Ferry Road

Suite 600-300

Atlanta, GA 30339

Mailing Address:

6300 Powers Ferry Road

Suite 600-300

Atlanta, GA 30339

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Christopher D. Vasallo

Name

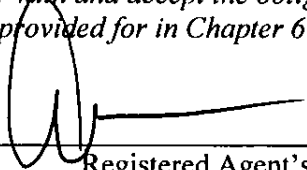
12394 SW 82 Avenue

Florida street address (P.O. Box **NOT** acceptable)

Pinecrest, Florida 33156

City, State, and Zip

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's Signature

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TALLAHASSEE FLORIDA

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

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGR

Harouna Soumah
6300 Powers Ferry Road
Suite 600-300
Atlanta, GA 30339

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Harouna Soumah
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.)

Harouna Soumah
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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