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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

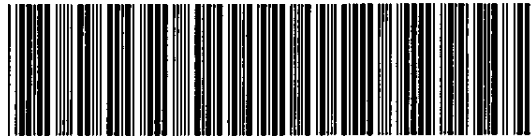
(Business Entity Name)

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08 SEP -4 PM 4: 40
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INCORPORATION AGENCY OF FILING

B. KOHR

SEP 4 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TALLAHASSEE, FLORIDA

Coastal Wellness, PLLC

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File PLLC
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier

Signature _____

Requested by:

Christina

Name

Date

9/4

Time

3:30

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION FOR

Coastal Wellness, PLLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME AND PURPOSE

The name of the company is **Coastal Wellness, PLLC**. The specific nature of business of this **Professional Limited Liability Company** is medical services.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **646 Virginia Street, Suite 701, Dunedin, FL 34698**.

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TALLAHASSEE, FLORIDA

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

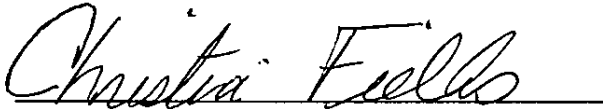
The name and address of the initial registered agent is **Henry A. Stein, Esq., The Stein Law Group, P.A. 1607 Dr ML King Jr St No. Suite A, St. Petersburg, FL 33704.**

ARTICLE IV: MANAGERS & MANAGING MEMBERS

The name and address of the initial Managers and Managing Members of the company is:
Jed P. Weber, M.D., Managing Member, 646 Virginia Street, Suite 701, Dunedin, FL 34698
Catherine Nicholson, Member, 646 Virginia Street, Suite 701, Dunedin, FL 34698

The undersigned has executed these Articles of Organization this 4th day of September 2008.

"Your Capital Connection, Inc. by, Christina Fields, Client Representative"

A handwritten signature in cursive script, reading "Christina Fields", is written over a horizontal line.

Authorized Representative

CERTIFICATE OF DESIGNATION


REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the mentioned 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.

1. The name of the company is: Coastal Wellness, PLLC
2. The name and street address of the registered agent and office is:

Henry A. Stein, Esq.
The Stein Law Group, P.A.
1607 Dr ML King Jr St No.
Suite A
St. Petersburg, FL 33704

HAVE 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.


Henry A. Stein