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T. HAMPTON

JAN 27 2009

EXAMINER

Law Offices of  
**TARA J. SCOTT, P.A.**  
For Such a Time As This

St. Petersburg Office  
2901 5<sup>th</sup> Avenue North  
St. Petersburg, Florida 33713  
Telephone (727) 321-2728  
Facsimile (727) 321-9104

January 22, 2009

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

Subject: Wellness Solutions by Lynn, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara J. Scott, Esquire  
Law Offices of Tara J. Scott, P.A.  
2901 5<sup>th</sup> Avenue North  
St. Petersburg, FL 33713

For further information concerning this matter, please call:

Tara J. Scott at (727) 418-5643

Enclosed is a check for the following amount: \$125.00 Filing Fee

Sincerely,

A handwritten signature in black ink, appearing to read 'Tara J. Scott', written over a circular stamp or seal.

Tara J. Scott, Esquire

Enclosures

**ARTICLES OF ORGANIZATION  
OF  
WELLNESS SOLUTIONS BY LYNN, LLC**

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

**ARTICLE I - NAME**

The name of the limited liability company Wellness Solutions by Lynn, LLC("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

132 SE Jefferson Cir. N.  
St. Petersburg, Florida 33703

Mailing Address:

132 SE Jefferson Cir. N.  
St. Petersburg, Florida 33703

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Ms. R. Lynn Carlton  
132 SE Jefferson Cir. N.  
St. Petersburg, Florida 33703

*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..*

  
\_\_\_\_\_  
Ms. R. Lynn Carlton

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:


MGMR

Ms. R. Lynn Carlton  
132 SE Jefferson Cir. N.  
St. Petersburg, Florida 33703

MGR

Mr. Jim Carlton  
132 SE Jefferson Cir. N.  
St. Petersburg, Florida 33703

**REQUIRED SIGNATURE:**

  
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.)

Ms. R. Lynn Carlton

Typed or printed name of signee

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