

L090000088943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

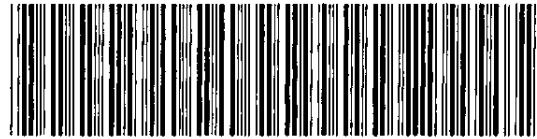
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000160670840

RECEIVED  
09 SEP 15 PM 4:18  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
SEP 16 2009  
EXAMINER

FILED  
09 SEP 15 AM 8:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 125712 81514A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : September 15, 2009

ORDER TIME : 3:47 PM

ORDER NO. : 125712-005

CUSTOMER NO: 81514A

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 15 AM 8:31  
*[Signature]*

DOMESTIC FILING

NAME: BETTER HEALTH & WEALTH,  
LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The Name of the Limited Liability Company is: Better Health & Wealth, LLC

## ARTICLE II – Address:

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

- a: Mailing Address: P.O. Box 1005, Auburndale, Florida 33823
- b: Street Address: 214 Orange Street, Suite 8, Auburndale, FL 33823

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

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

Victor J. Troiano

Name

317 S. Tennessee Avenue

Florida street address (Post Office Box NOT acceptable)

Lakeland, Florida 33801

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, F.S.*

[Signature]  
Registered Agent's Signature

## ARTICLE IV – Management (Check applicable box)

       The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

  X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

[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.)

Victor J. Troiano

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 15 AM 8:31