

L09000104855

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I2007000G160
Phone : (800)494-3124
Fax Number : (561)455-9885

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09 NOV - 2 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

INSTITUTE OF WELL BEING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. BRYAN

NOV - 3 2009

EXAMINER
Help

4-09000232631-3

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

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FIRST: The name of the limited liability company is:
INSTITUTE OF WELL BEING LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE NAME OF THE LIMITED LIABILITY COMPANY WAS INCORRECTLY FILED AS

INSTITUTE OF WELL BEING LLC, IT SHOULD CORRECTLY READ:

INSTITUTE OF WELLBEING LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 02, 2009

Signature of a member or authorized representative of a member

Bjoern Johannsmeier

Typed or printed name of signee

4-09000232631-3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

INSTITUTE OF WELL BEING LLC

ARTICLE II ADDRESS

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

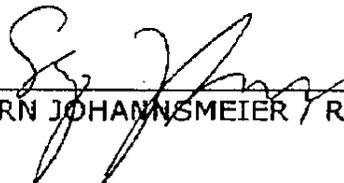
2924 TUCKERSTOWN DRIVE
SARASOTA, FLORIDA 34231

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

BJOERN JOHANNSMEIER
2924 TUCKERSTOWN DRIVE
SARASOTA, FLORIDA 34231

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.

X 

BJOERN JOHANNSMEIER Registered Agent's signature

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PAGE 2 INSTITUTE OF 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
BJOERN JOHANNISMEIER
2924 TUCKERSTOWN DRIVE
SARASOTA, FLORIDA 34231

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MANAGING MEMBER
HEIKE JOHANNISMEIER
AM DORFE 5
KIRCHLENGERN 32278 GERMANY

.....
x Heike Johannismeier

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.

HEIKE JOHANNISMEIER