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SECRETARY OF STATE FALLAHASSEE, FLORIDA

Wood-48821 2009

J. BRYAN

NOV 1 6 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	WELLNESS (CLINICS OF FLORID	DA LLC
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	MICH	HAEL S. HOOKER	
		Name of Person	09 NOV SECRE
		Firm/Company	-2 PH ASSEE. F
	485 1	2TH STREET SE	EFOR PR
		Address	2: Of STAT LOR
		BEACH, FL 32962	Şm O
		ty/State and Zip Code	
	RENTA	ALSMB@AOL.COM for future annual report notification	a)
For further information	on concerning this matter, pleas	•	,,
	EL S. HOOKER	_at (772)	299-5613
Nam	ne of Person	Area Code & Daytime T	Telephone Number
Enclosed is a check	for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT:	WELLNESS (CLINICS OF FLORIDA	LLC
Source:		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	MICH	HAEL S. HOOKER	SECTION TO
		Name of Person	NOV-2 PH 2: OF STATE FLORE FLO
		Firm/Company	FOF PR
	485 1	2TH STREET SE	LORNI LORNI
		Address	Principal Control of the Control of
		BEACH, FL 32962 ty/State and Zip Code	
		•	
	E-mail address: (to be used	ALSMB@AOL.COM for future annual report notification)	······································
For further informatio	n concerning this matter, pleas	e call:	
	EL S. HOOKER e of Person	at (772)29 Area Code & Daytime Telep	99-5613 Dhone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2009

MICHAEL S. HOOKER 485 12TH STREET SE VERO BEACH, FL 32962

SUBJECT: WELLNESS CLINICS OF FLORIDATLIC FLORIDA COASTAL PAIN
Ref. Number: W09000048821

Clinics LLC

We have received your document for WELLNESS CLINICS OF FLORIDA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P08000020038, WELLNESS CLINIC INC...

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 409A00034663

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICEDIA		
ARTICLE I - Name:		
The name of the Limited Liability Com	PAIN CLINICS LLC	<i>b</i>
WELLNESS CLU	NICS OF FLORIDA LLC	
	nited Liability Company," "L.L.C.," or "LLC.")	
ADTICLE II Adding		
ARTICLE II - Address:	and a maintained after a field I included I include Commence in	
The maining address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	, #
485 12th Street SE	SAME	'n
Vero Beach, FL 32962	mo R	-
	70 2	_
	ुइ ०	
The name and the Florida street address	s of the registered agent are: Effective Date 0 29	09
Mic	chael S. Hooker	
	Name	
485	i 12th Street SE	
Florida street add	lress (P.O. Box NOT acceptable)	
Vero Beach,FL	32962 _{FL}	
Cit	y, State, and Zip	
liability company at the place design	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all	
statutes relating to the proper and con	nplete performance of my duties, and I am familiar with and	
accept the obligations of my position	n as registered agent as provided for in Chapter 608, F.S	
Registered Agen	it's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manage "MGRM" = Mana	
MGR	Michael S. Heeker
	485 12th Street SE 20 8
	Vero Beach, FL 32962
MOD	ARE W
MGR	Paul E. Dutton
	146 Highland Park Drive
	West Palm Beach, FL 33415
MGR	Paul E. Dutton 146 Highland Park Drive West Palm Beach, FL 33415 Oscar Zimmerman 10453 Tivoli Lakes Blvd
	10453 Tivoli Lakes Blvd.
	Boynton Beach, FL 33437
(Use attachment if	f necessary)
(Use attachment if	
LE V: Effective da	ate, if other than the date of filing: 10/29/09 (OPTIONAL) ed, the date must be specific and cannot be more than five business days
LE V: Effective da ffective date is listed days after the dat	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days te of filing.)
LE V: Effective da	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days te of filing.)
LE V: Effective date is listed days after the date REQUIRED SIG	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days te of filing.)
LE V: Effective date is listed days after the date is listed at listed days after the days after	ate, if other than the date of filing: 10/29/09 . (OPTIONAL) ed, the date must be specific and cannot be more than five business days te of filing.)
LE V: Effective date is listed days after the date is listed at listed days after the days after	late, if other than the date of filing:

rung rees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)