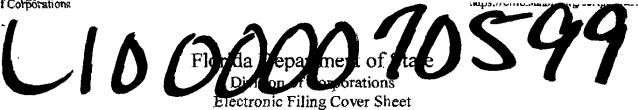


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LAZARUS

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(((H10000153750 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVIC

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please.\*\*

	- 4.3		
amarr	Address:		

## FLORIDA LIMITED LIABILITY CO.

\_\_\_\_\_YELLNESS EDUCATION NETWORK CONSULTANTS, LLC

Certificate of Status

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

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JUL - 6 2010
EXAMINER

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Help

HIUUUUISOISO		
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP.	ANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
WELLNESS EDUCATION NETWORK CONSUL.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	ZVIS,	, 260
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	ıny is:	-
Principal Office Address: Mailing Address:		
6671 NW 107 RT 5AME	SECRETA	20 JUL - 2
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	<u> </u>	2 1
The name and the Florida street address of the registered agent are:    TUAN M. BERNARDEZ   Name	PAE -	37
Florida street address (P.O. Box NOT acceptable)  MISMU  FL  S3176  City, State, and Zip		
	11 1	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

LAZARUS

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

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

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:					
MGRM	-	RENEE 0. 5CIOVILLE 6671 NW 107 OF MINNU FC-23178					
MGRM	-	MARITZA GONZALGT GGTI NULL 107 CV MIAMU FE 38178					
MERM	<del></del> -	CARMEN RAMIRES 6671 NW 107 CT MIANU FE 33178					
MERM	· <b>-</b>	JOSE ESTEVEZ GG71 NW 107 OF YIANU . Fe . 33178	2919 SEI				
HERM		JUAN M. BERNARDER 6671 NW 107 CF MIDM. FC. 33178	JUL -				
ARTICLE V: Effective of the control	ted, the date must be s	te of filing: (OPTIO pecific and cannot be more than five business	and the second s				
REQUIRED SIG	GNATURE: 72	TUAN M. BETRNARY					
	Signature of a member o	r an authorized representative of a member.	<b></b>				
(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.)							
	TUAN.	M. BERNARSER  or printed name of signee	•				
	ı ypec	n or burned name of signee					

Filling Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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