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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only

EFFECTIVE DATE 7/1/10



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D. BRUCE

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EXAMINER

COVER LETTER *

TO:

Registration Section

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Division of Co	orporations			
SUBJECT: SKI	NONY ME WELLA Name of Limi	IESS CENTER		
	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
MAX	RIA A. GORELIC	CK, MB		
		Name of Person		
5	KINNY ME WELLA	UESS CENTER		
	,	Firm/Company		
73	130 S.W. 135#	AUENUE		
		Address		
/	Migni, FLORISA	33/83 ty/State and Zip Code PET for future annual report notification)	3	
	Ci	ty/State and Zip Code		~
wish	ON 19W BELLSOUTH	PET	771 1	
	E-mail address: (to be used	for future annual report notification)	nik ro	1 F
For further information	concerning this matter, pleas	e call:	To Co) Y
MARI'A A.	GORELICK, MB	at (<u>305</u>) <u>-796-a</u> Area Code & Daytime Tele	JL -6 PH 3: 06	*
Name	of Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check f	or 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	Street/Courier Address		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is: Skingy ME WELLPESS CENTER L. L. C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
Principal Office Address: Mailing Address:				
77305W 135th Avenue, Mian, FLA 33183 77305W 135th Avenue, Miani, FLA 33183				
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.) The name and the Florida street address of the registered agent are: MARIA A. GORELICK, MI Name 7730 S.W. 135 ^H ADENUE, ALANAMA STORMAN ST				
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				

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 7/1/10

The name and address of each	h Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	MARIA A GORELICK, M.S. 7730 SW 135H AUENUE MIAMI, FLA 33183
MGRM	MORAIMA TRUJILLO, MB 1015 N. GREENWAY BRIVE CORAL GASLES, Ft 33/34
MGRM_	PRISCILLA M. BORREGO, MD 8600 S.W., 21st Street MiAmi, FLA 33155
	
(Use attachment if necessary) ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.)	than the date of filing: 7/1/2010. (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Marbih, MS
(In accordance of this document)	the with section 608.408(3), Florida Statutes, the execution then to constitutes an affirmation under the penalties of perjury stated herein are true.)

Filing 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)

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