

L1000091039
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000193628 3)))



H100001936283ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

RECEIVED
10 AUG 30 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 AUG 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: enelson2@gmail.com

FLORIDA LIMITED LIABILITY CO.
Kahuna Wellness PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

AUG 31 2010

EXAMINER

FAX AUDIT # H10000193628 3

FILED

**ARTICLES OF ORGANIZATION
OF
Kahuna Wellness PLLC**

2010 AUG 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: Kahuna Wellness PLLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
2000 Harding Street, Clearwater, Florida 33765.

ARTICLE III BUSINESS ACTIVITY

The business activity shall be: Licensed Rehabilitation Services Staffing, Direct Patient Care Services.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

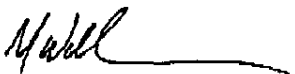
The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:
Eric Thomas Nelson, 2000 Harding Street, Clearwater, Florida 33765


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Date: August 30, 2010

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

FAX AUDIT # H10000193628 3

FAX AUDIT # H10000193628 3

FILED

2010 AUG 30 AM 10:06

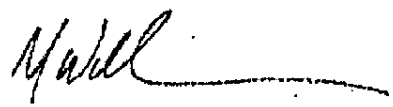
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Kahuna Wellness PLLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 

Mark Williams, A.V.P. Business Filings Incorporated

Date: August 30, 2010

FAX AUDIT # H10000193628 3