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## FLORIDA LIMITED LIABILITY CO.

Wellness Health Center, LLC

Certificate of Status	0
Certified Copy	1
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# ARTICLES OF ORGANIZATION OF WELLNESS HEALTH CENTER, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

#### ARTICLE I

The name of the Limited Liability Company is WELLNESS HEALTH CENTER, LLC.

### ARTICLE II

The street address and the mailing address of the principal office of the Company is **60**Spring Vista Dr., DeBary, FL 32713.

#### ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **Dr. Vincent J. Scolaro** and Florida street addless of the registered agent is **60 Spring Vista Dr., DeBary, FL 32713**.

#### ARTICLE IV MANAGEMENT

The Company is managed by a Manager. The person initially appointed as Manager is **Dr. Vincent J. Scolaro**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this \_\_\_\_\_370 day of September, 2010.

Dr. Vincent J. Scolaro

#### STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 3rd day of September, 2010, by **Dr. Vincent J. Scolaro** who  $\square$  is personally known to me, or who presented a Florida drivers license or  $\square$  a drivers license or  $\square$  , as identification.



Notary Public

Michael DENISE KNOX

(Printed Name)

My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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#### **ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

Dr. Vincent J. Scolaro, Registered Agent

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