

L10000103572

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.

(((H10000218132 3)))



H100002181323ABCS

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Effective Date 10/04/10

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Wellness Outcomes LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
10 OCT -4 AM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

Help

OCT -5 2010

EXAMINER

10/4/10 3:48 PM

H10000218132

ARTICLES OF ORGANIZATION

Article I. Name

The name of this Florida limited liability company is:
Wellness Outcomes LLC

Article II. Address

The street and mailing address of the Company's initial principal office is:
Wellness Outcomes LLC
4950 South Le Jeune Road, Suite E
Coral Gables FL 33146

Article III. Registered Agent

The name and street address of the Company's registered agent is:

Theodore R. Treese, M.D.
4950 South Le Jeune Road, Suite E
Coral Gables FL 33146

Effective Date 10/04/10

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

Richman Greer P.A.
One Clearlake Centre, Suite 1504
250 Australian Avenue South
West Palm Beach FL 33401
561.803.3500

H10000218132

Copyright © 1993-2010 CC

FILED
10 OCT -4 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000218132

Article V. Distribution of Profits

Unless otherwise provided in the Company's Operating Agreement, there shall not be any distribution of profits unless each separate distribution is approved by the affirmative vote of members who own more than 50% of the voting interest in the Company. The voting members shall have complete discretion on when and if to approve any distribution of profits.

Article VI. Management

This will be a member-managed company. The name and address of each member is:

Theodore R. Treese, M.D.
4950 South Le Jeune Road, Suite E
Coral Gables FL 33146

FILED
10 OCT -4 AM 7:54
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Article VII. Company Existence

The Company's existence shall begin effective as of October 4, 2010.

The undersigned authorized representative of a member executed these Articles of Organization on October 4, 2010.



MANNY FARACH
by Veronica Paez as attorney-in-fact

Richman Greer P.A.
One Clearlake Centre, Suite 1504
250 Australian Avenue South
West Palm Beach FL 33401
561.803.3500

H10000218132

STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY:

Wellness Outcomes LLC

REGISTERED AGENT/OFFICE:

**Theodore R. Treese, M.D.
4950 South Le Jeune Road, Suite E
Coral Gables FL 33146**

FILED
10 OCT -4 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



THEODORE R. TREESE, M.D.
by Veronica Paez as attorney-in-fact

Date: October 4, 2010.

Richman Greer P.A.
One Clearlake Centre, Suite 1504
250 Australian Avenue South
West Palm Beach FL 33401
561.803.3500