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D. BRUCE

DEC 27 2010

EXAMINER

EFFECTIVE DATE 01/10/2011

FISCHER & ASSOCIATES ACCOUNTING, INC.

JIM D. FISCHER  
President

3430 KORI ROAD STE 2  
JACKSONVILLE, FL. 32257  
PHONE : 904-262-8383  
FAX : 904-262-4585  
JIM@FISCHERACCOUNTING.NET

December 21, 2010

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: ORGANIZATION - Holistic Wellness of Jax, L.L.C.

Dear Sir:

Enclosed please find one original and one copy of Articles of Organization and Certificate of Resident Agent for the above proposed limited liability company.

Also find enclosed our check in the amount of \$125.00 to cover the filing fee costs. Please mail the papers to this office. Your assistance is greatly appreciated.

Very truly yours,



Jim Fischer

**ARTICLES OF ORGANIZATION**  
**OF**  
**HOLISTIC WELLNESS OF JAX, LLC**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a Limited Liability Company under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida providing for the formulation, liability, rights and privileges and immunities of a Limited Liability Company.

**ARTICLE I - NAME**

The name of the organization shall be

**HOLISTIC WELLNESS OF JAX, LLC**

**ARTICLE II - OFFICE**

The street and mailing address of this organization shall be situated at **1667 ATLANTIC BLVD JACKSONVILLE FL, 32207** and said organization shall have the rights and privileges of business in such states of the United States and foreign countries whenever the Board of Directors may from time to time order and establish.

**ARTICLE III - REGISTERED AGENT**

The street and mailing address of this corporation's initial registered office will be **1667 ATLANTIC BLVD JACKSONVILLE FL, 32207** of its initial registered agent will be **PATRICIA CARROSCIA** at such address.

**ARTICLE IV - NATURE OF BUSINESS**

The nature of the business and the purposes to be transacted are to engage in and to have unlimited power to do any lawful act concerning any and all lawful businesses which organizations may conduct under the provisions of the Florida Limited Liability Company laws.

EFFECTIVE DATE 01/10/2011

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE V - MEMBERS**

The initial members of this organization are as follows:

**PATRICIA CARROSCIA**

**ARTICLE VI - EFFECTIVE DATE**

The effective date of this organization shall be January 10, 2011.

The undersigned member has executed these Articles of Organization this 21<sup>st</sup> day  
of December 2010.

  
SIGNATURE OF AUTHORIZED MEMBER

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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608-407, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the organization is: **HOLISTIC WELLNESS OF JAX, LLC**
2. The name of the registered agent, the street address and the mailing address are:

**PATRICIA CARROSCIA  
1667 ATLANTIC BLVD  
JACKSONVILLE FL, 32207**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED ORGANIZATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 608-407 FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

(REGISTERED AGENT)

DATE: \_\_\_\_\_

12/21/10

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