

# L11 000 139759

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 OCT -6 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 13 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

JOSEPH TORO  
2900 N. MILITARY TRL #107  
BOCA RATON, FL 33431

SUBJECT: REAWAKENINGS WELLNESS CENTER LLC  
Ref. Number: L11000139759

We have received your document for REAWAKENINGS WELLNESS CENTER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 214A00021027

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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September 23, 2014

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

Re: **Reawakenings Wellness Center LLC,**  
**Document number L11000139759**

2014 OCT -6 PM 14:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Amended and Restated Articles of Organization of Reawakenings Wellness Center LLC and a check for \$55.00 to cover the filing fee and a certified copy of the Amended and Restated Articles of Organization. The enclosed document amends the Articles of Organization of Reawakenings Wellness Center LLC filed on December 12, 2011.

If you have any questions, or need further information, please feel free to contact the undersigned by telephone at \_\_\_\_\_, or by electronic mail at \_\_\_\_\_.

Sincerely,



Joseph Tard

8775003001

2900 N. Military Trl #107

Beach Station FL 33417

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reawakenings Wellness Center LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Toro

Name of Person

Firm/Company

2900 N. Military Trl # 107

Address

Boca Raton FL 33431

City/State and Zip Code

Toro Joe @ RMISFL.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Toro

Name of Person

at (877) 500 3001

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2014 OCT -6 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF**

**REAWAKENINGS WELLNESS CENTER LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The **Articles of Organization of REAWAKENINGS WELLNESS CENTER LLC**, a limited liability company, were filed on December 12, 2011 and assigned Florida document number L11000139759. This document is submitted to amend the persons authorized to act in the name of the limited liability company and to specify that this shall be a Manager managed limited liability company. These **Amended and Restated Articles of Organization of REAWAKENINGS WELLNESS CENTER LLC** amend and restate the Articles of Organization of REAWAKENINGS WELLNESS CENTER LLC filed on December 12, 2011, and integrate into a single instrument all provisions of the Articles of Organization of REAWAKENINGS WELLNESS CENTER LLC, as set forth herein.

**ARTICLE I  
NAME**

The new name of this limited liability company shall be:

**REAWAKENINGS WELLNESS CENTER LLC**

**ARTICLE II  
STREET ADDRESS AND MAILING ADDRESS**

The street address and the mailing address of this limited liability company are:

2900 North Military Trail, #107  
Boca Raton, Florida 33431

**ARTICLE III  
PURPOSE**

The purpose of this limited liability company, organized pursuant to Chapter 605 of the Florida Statutes, is to engage in any lawful activity for which a limited liability company may be organized in this state.

**ARTICLE IV  
REGISTERED AGENT IN THIS STATE**

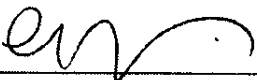
The street address of the registered office of this limited liability company in the State of Florida is 2900 North Military Trail, #107, Boca Raton, Florida, 33431 and the registered agent of this limited liability company at that address is Farid Dallal.

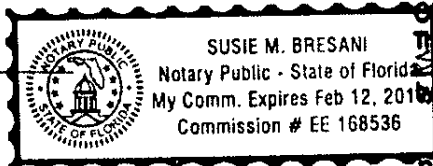
**ARTICLE V  
MANAGER**

This limited liability company is a manager-managed company and the Manager of the company is:

Joseph Toro  
2900 North Military Trail, #107  
Boca Raton, Florida 33431

IN WITNESS WHEREOF, in accordance with Section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, this document has been duly executed and is being filed in accordance with Section 605.0202, Florida Statutes, and I hereunto subscribe my hand and seal this 23rd day of September, 2014.

  
By: Joseph Toro  
Member



STATE OF FLORIDA  
COUNTY OF Palm Beach  
The foregoing instrument was acknowledged before me this 23 day of Sept, 2014.  
Signature Susie M. Bresani  
Name Susie M. Bresani  
Personally Known OR Produced Identification Produced  
Type of Identification FL D.L.

**ACKNOWLEDGEMENT**

**THE UNDERSIGNED**, having been named as registered agent and to accept service of process for the above stated limited 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 am familiar with, and accept the obligations imposed upon registered agents as provided for in Chapter 605, Florida Statutes.

  
Farid Dallal  
Registered Agent

**RESOLUTIONS  
OF THE  
HOLDERS OF A MAJORITY OF THE MEMBERSHIP INTEREST  
IN  
REAWAKENINGS WELLNESS CENTER LLC  
ADOPTED BY WRITTEN CONSENT**

2014 OCT - 6 PM 4: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REAWAKENINGS WELLNESS CENTER, LLC, a Florida limited liability company (the "**Company**"), hereby certifies that members holding a majority of the membership interest in the Company approved the following resolutions by written consent in lieu of a meeting, as of October 28, 2014.

**RESOLVED**, that Joseph Toro ("**Toro**") be and hereby is appointed to serve as the sole Manager of the Company, and his appointment is hereby ratified and confirmed; and be it

**FURTHER RESOLVED**, that Toro is appointed to serve as Manager, without compensation, until the next annual meeting or special meeting of the Members or until his successor is elected or appointed and shall qualify, or he shall resign or be removed as Manager; and be it

**FURTHER RESOLVED**, that Toro be, and he hereby is, authorized and directed to file Amended and Restated Articles of Organization of the Company with the Division of Corporations of the Florida Department of State that identify the Company as a manager-managed limited liability company and names Toro as the Manager of the Company; and be it

**FURTHER RESOLVED**, that the signing of this Consent shall constitute full ratification thereof; and be it

**FURTHER RESOLVED**, that Toro, as the sole Manager, be and hereby is authorized to open and close bank accounts on behalf of the Company at financial institutions to be selected by him; and be it

**FURTHER RESOLVED**, that Toro be, and hereby is, authorized and directed, for and on behalf of the Company, to execute such resolutions for the purpose of opening said bank accounts on the printed forms of the financial institutions selected by Toro, to be the sole signatory on said bank accounts and to do such things and perform such acts as may be required to effectuate the opening or closing of said bank accounts, in accordance with these resolutions; and be it

**FURTHER RESOLVED**, that Toro be, and hereby is, authorized, empowered and directed to do all such acts and things and to execute, acknowledge and deliver all such documents as may, in his discretion, be deemed necessary or desirable to carry out and comply with the terms and provisions of these resolutions. Additionally, all acts and doings of Toro through the date hereof which are in conformity with the intent and purpose of these resolutions

shall be and the same are hereby in all respects ratified, confirmed and approved as acts of the Company; and be it

**FURTHER RESOLVED**, that an executed copy of these resolutions shall be placed in the minute book of the Company.

**MEMBER**

Joseph Toro

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

STATE OF FLORIDA  
COUNTY OF Alam Beach

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing document was acknowledged before me by **Joseph Toro**, as the member of **REAWAKENINGS WELLNESS CENTER LLC**. He is personally known to me ☐ or has produced FL. D.L as identification.

**WITNESS** my hand and official seal in the County and State last aforesaid this 23 day of September 2014.

My Commission Expires:

Susie M. Bresani  
Notary Public

Susie Bresani  
Typed or Printed Name of Notary

