

L120000 36572

(Requestor's Name)

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(City/State/Zip/Phone #)

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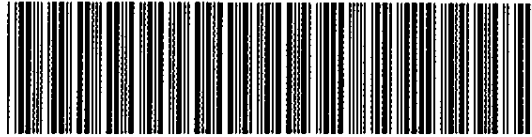
(Business Entity Name)

(Document Number)

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12 MAR 14 AM 8:31

MAR 15 2012

T. HAMPTON

CSC

ACCOUNT NO. : I20000000195

REFERENCE : 130169 7116497

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 14, 2012

ORDER TIME : 2:0 PM

ORDER NO. : 130169-005

CUSTOMER NO: 7116497

DOMESTIC FILING

NAME: TOTAL CARE & WELLNESS II, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
TOTAL CARE & WELLNESS II, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be: **TOTAL CARE & WELLNESS II, LLC**, ("company").

ARTICLE II - ADDRESS

**190 NE 199 ST
105
MIAMI, FL 33179**

The mailing address and street address of the principal office of the company is:

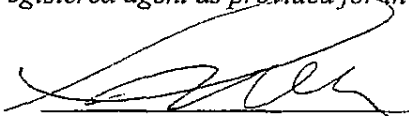
**190 NE 199 ST
105
MIAMI, FL 33179 US**

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are:

Timothy McCabe
30 South M Street
Lake Worth, Florida 33460

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 I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, F.S.


Timothy McCabe

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ARTICLE IV - MANAGEMENT

The company is to be managed by one manager or more managers and is, therefore, a member - managed company as follows:

TITLE:

NAME and ADDRESS:


Walid Nassif, MGRM

190 NE 199 ST
105
MIAMI, FL 33179

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be immediately upon the date of filing.

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Palm Beach County, Florida, on March 12th 2012.


WALID NASSIF

(In accordance with section 608.408(3), 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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