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2nd Request

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RECEIVED
12 MAY 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
PRIMECARE WELLNESS CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

12 MAY 25 AM 8:30

B. KOHR
MAY 29 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

12 MAY 25 AM 8:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

PRIMECARE WELLNESS CENTER, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

207 N. KROME AVE.
HOMESTEAD, FL 33030

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

REYNALDO PEREZ
207 N. KROME AVE.
HOMESTEAD, FL 33030

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 the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(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.)

REYNALDO PEREZ
Typed or printed name of signee

ARTICLE V – Member(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

NAME	ADDRESS	TITLE
REYNALDO PEREZ	207 N. KROME AVE. HOMESTEAD, FL 33030	MGR MBR

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this 22 day of May, 2012.

X _____

REYNALDO PEREZ, MANAGER MEMBER