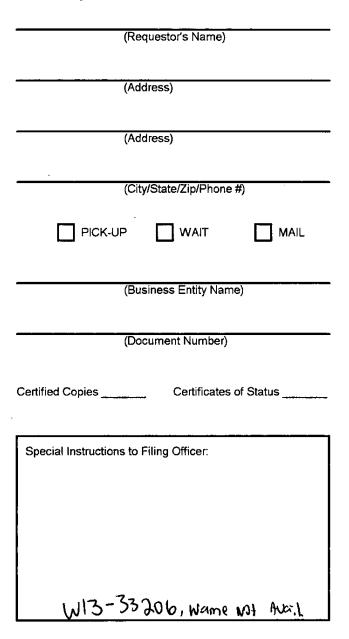
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B. BOSTICK
JUL 17 2013

Maddox Wellness, LLC Natalie Maddox Rougie, MGRM 1310 S. Howard Ave. Tampa, FL 33606

June 4, 2013

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document #: L11000108155 Maddox Wellness, LLC

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the limited liability corporation, Maddox Wellness, LLC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,

Natalie Maddox Rougie

Natahi Madox Rougie

Managing Member

NM/db

COVER LETTER

TO: Registration Division of C						
SUBJECT: Mad	dox Wellness	, LLC				
SUBJECT:		ed Liability Com	pany		_	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filir	ıg.			
Please return all corres	pondence concerning this matt	er to the followin	g:			
Natalie	Maddox Roug	gie				
<u></u>		Name of Person				
Maddo	x Wellness, Ll	LC				
	11. Mark 12.	Firm/Company				
1310 S	. Howard Ave					
		Address	,			
Tampa	, FL 33606			—; ≫	28	
		y/State and Zip Co	de		ů L	
aru.ron@	@gmail.com	<u> </u>		75-	<u> </u>	
	E-mail address: (to be used to		роп поинсанов)	S	6	1.5,5.47 1
For further information	concerning this matter, please	call:		<u></u>	PE .	T
Ron Porat		_{at (} 813	ູ870-00)60 <u>E</u>	- Γ . - ω	· Security
Name	e of Person		de & Daytime Telepl	hone Number 🐱	~ ~	
Enclosed is a check	for the following amount:			•		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	•	\$160.00 Filing Certificate of S Certified Copy (additional copy)	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahorsee, El. 32314	Registr Divisio Clifton	Courier Address ation Section n of Corporations Building	irolo		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
Maddox Wellness, LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1310 S. Howard Ave	1310 S. Howard Ave
Tampa, FL 33606	Tampa, FL 33606
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.) The name and the Florida street address of the Ron Porat Name Name Name Name Name Name Name Name	e registered agent are:
6702 N Gunlock Ave	
	address (P.O. Box NOT acceptable)
Tampa,	_{FL} 33614
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this cape all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Natalie Maddox Rougie 1190 E Washington St #S206 Tampa, FL 33602
	TO THE
	SSEE PR
(Use attachment if necessary)	
effective date is listed, the date i	must be specific and cannot be more than five business
effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five business g.) Many Lague
effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a medical am aware that any false is	must be specific and cannot be more than five business
effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a medical am aware that any false is	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)



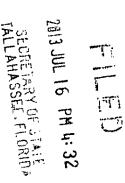
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2013

NATALIE MADDOX RONSIE 1310 S. HOWARD AVENUE TAMPA, FL 33606

SUBJECT: MADDOX WELLNESS, LLC

Ref. Number: W13000033206



We have received your document for MADDOX WELLNESS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000108155.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 913A00014359