

L14 000040471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

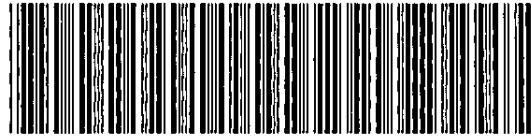
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256940715

03/11/14--01001--012 **155.00

2014 MAR 10 14 343
SUFFICIENCY OF FILING

2014 MAR 10 14 343

2014 MAR 10 14 343
SUFFICIENCY OF FILING

2014 MAR 10 14 343

B. BOSTICK

MAR 11 2014

EXAMINER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
R.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 3/10 GLINDA



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1. BETTER WELLNESS FOR YOU, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
2010 MAR 10 A 3 21
TALLAHASSEE FLORIDA

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BETTER WELLNESS FOR YOU, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Juan Rodriguez
Name of Person

BETTER WELLNESS FOR YOU, LLC
Firm/Company

690 Shropshire Loop
Address

SANFORD, FL 32771
City/State and Zip Code

oreokalua@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN RODRIGUEZ at (954) 608-4941
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

FILED
2014 MAR 10 A 10:24
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BETTER WELLNESS FOR YOU, LLC

(Must end with the words "Limited Liability 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:

690 Shropshire Loop

SANFORD, FL 32771

690 Shropshire Loop

SANFORD, FL 32771

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Juan Rodriguez

Name

690 Shropshire Loop

Florida street address (P.O. Box **NOT** acceptable)

SANFORD

City

FL 32771

Zip

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 605, F.S.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Juan Rodriguez

690 Shropshire Loop

SANFORD, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Juan Rodriguez

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2014 JUN 10 A 10 24
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT