Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000229514 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number (850)617-638

: (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bman@nasonyeager.com

ECELVELD

DCT - 1 PM 12: 00

SUN UF CORPORATION

EAU UF CORPORATION

EAU UF CORPORATION

FLORIDA LIMITED LIABILITY CO.

Health and Wellness Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. Burch OCT 2 2014

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

HEALTH AND WELLNESS SOLUTIONS, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is:

HEALTH AND WELLNESS SOLUTIONS, LLC

ARTICLE II ADDRESS

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

8401 Lake Worth Rd Suite 233 Lake Worth, FL 33467

ARTICLE III CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

Brian S. Bernstein 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401 Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Brian S. Bernstein, Registered Agent

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this ______ day of October, 2014.

Brian S. Bernstein, Authorized Representative of the Members

14 OCT - 1 PH W 45
SECRETARY OF STATE
TALLAHASSEE, FI ORIGINA

 $H: \label{localization} H: \label{localization} Ideal that Wellness Solutions BMM. does/j ha.bmm$