

**615000067579**

**Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6383

From:

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Account Number : 120000000003  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Wellington Spa Services, LLC**

Certificate of Status	0
Certified Copy	0
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15 APR 17 AM 10:00

BUREAU OF COMMERCIAL  
INFORMATION SERVICES

15 APR 17 PM 4:58

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SECRETARY OF STATE  
ALBANY, FLORIDA

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**15 APR 20 2015**

**ARTICLES OF ORGANIZATION  
OF  
WELLINGTON SPA SERVICES, LLC**

FILED  
15 APR 17 PM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization

**ARTICLE I**

Name. The name of the limited liability company shall be WELLINGTON SPA SERVICES, LLC. ("Company").

**ARTICLE II**

Address. The mailing address and street address of the principal office of the Company shall be 6230 W. Indiantown Road, Suite 4, Jupiter, Florida 33458.

**ARTICLE III**

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 N. Orange Avenue, Suite 900, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is SCOTT E. JOHNSON, ESQUIRE.

**ARTICLE V**

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

ADDRESS


William F. Butrymowicz

6230 W. Indiantown Road, Suite #4  
Jupiter, Florida 33458

Julia A. Butrymowicz


6230 W. Indiantown Road, Suite #4  
Jupiter, Florida 33458

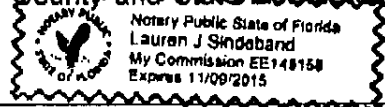
IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 12 day of April, 2015

  
\_\_\_\_\_  
William F. Butrymowicz  
Manager

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared WILLIAM F. BUTRYMOWICZ, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

 WITNESS my hand and official seal in the ~~County and State last aforesaid~~ this day of April, 2015.



NOTARY PUBLIC

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15 APR 17 PM 4:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE  
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING  
APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is WELLINGTON SPA SERVICES, LLC.
2. As designated in the Articles of Organization filed with this certificate, the name and the  
Florida street address of the registered agent is:

SCOTT E. JOHNSON  
111 North Orange Avenue, Suite 900  
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of  
the registered agent are identical.

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.

  
SCOTT E. JOHNSON

April 17<sup>th</sup>, 2015

FILED  
15 APR 17 PM 1:18  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA