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SECRETARY OF STATE

AUG - 5 2015

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## **COVER LETTER**

· <b>\$</b>		egistration Section ivision of Corporations	
	SHID ITC'I	Dr. Ivan Rusilko Lifestyle Medicine	: Worldwide, LLC
	SUBJECT	Name of Li	imited Liability Company
	The enclos	sed Articles of Organization and fee(s) a	are submitted for filing.
	Please retu	urn all correspondence concerning this m	natter to the following
		Shaun P. Herness	
			Name of Person
			Firm/Company
		3329 Westmeath Drive	
			Address
		Ormond Beach, FL 32174	
		shaunpherness@gmail.com	City/State and Zip Code
		E-mail address: (to be used	d for future annual report notification)
• ]	For further i	nformation concerning this matter, pleas	se call:
			386 672-5979
		Name of Person	Area Code Daytime Telephone Number
	Enclosed i	s a check for the following amount:	
•	\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMIT	ED LIABILITY COMPANY	,
	•			and the same of th
ARTICLE I - Name:			20.	
The name of the Limited Liability	Company is:		*0/	SALIO
			SEO	······································
Dr. Ivan Rusilko Life	style Medicine Worldv	vide IIC	PALL!	PETA. AMIL.
			any, "L.L.C.," or "LLC.")	4/48 06 15
, (Masi cha v	will die words Ellinge	Liaomity Comp	arry, E.E.C., or EEC.	EE F. STATE
ARTICLE II - Address:				LORID
The mailing address and street ad	dress of the principal of	office of the Limi	ted Liability Company is:	RETARY OF STATE FLORIDA
_	• •			
<u>Principa</u>	l Office Address:		Mailing Address	<u>ş</u> :
1 Century Lane, #607			Century Lane, #607	
Miami Beach, FL 331	39	<u>N</u>	fiami Beach, FL 33139	Walter and the same of the sam
	······································	<del></del>		<del></del>
ARTICLE III - Registered Age	nt Decistered Office	P. Dawletawad A	anti Cinnotuus	
(The Limited Liability Company				idual or
another business entity with an ac			iii. Tou must designate air matv	ludai (ii
		,		
The name and the Florida street a	ddress of the registered	l agent are:		EFFECTIVE DATE
	•			7-30-15
	Shaun P. Herness	*** · · · · · · · · · · · · · · · · · ·		
		Name		
	2220 111			
	3329 Westmeath Dri			
	Florida street addres	s (P.O. Box <u>NO</u>	L'acceptable)	
	Ormond Beach	FL	32174	
	City	State	Zip	
	City	State	£.1p	
Having been named as registered a	gent and to accept serv	i <del>ce of pr</del> ocess for	the above stated limited liability	company at the
place designated in this certificate,	hereby accept the app	ointment of regis	tered agent and agree to act in t	his capacity. I
further agree to comply with the pro	visions of all statutes re	elating to he pro	per and complete performance o	of my duties, and I
ım familiar with and accept the obl	igations of my position	as registe ed age	ent as provided for in Chapter 60	05, F.S.,
	W	$\mathcal{L}$		
	Law	M	ress	
	Regist	ered Agent's Sig	nature (REQUIRED)	
		ľ		

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Dr. Matthew I. Rusilko
	1 Century Lane, #607
	Miami Beach, FL 33139
AMBR	Dr. Shaun P. Herness
	3329 Westmeath Drive
	Ormond Beach, FL 32174
	Offiona Beach, TE 32174
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