

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L15000150552
FILED 8:00 AM
September 02, 2015
Sec. Of State
nhaney**

Article I

The name of the Limited Liability Company is:

HEALTHWISE 4 U, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

17633 GUNN HIGHWAY
173
ODESSA, FL. 33556

The mailing address of the Limited Liability Company is:

17633 GUNN HIGHWAY
173
ODESSA, FL. 33556

Article III

Other provisions, if any:

ALL LAWFUL BUSINESS PURPOSES

Article IV

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

LYNN M PALLES
15711 INDIAN QUEEN DRIVE
ODESSA, FL. 33556

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.

Registered Agent Signature: LYNN M PALLES

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
RICARDO L PALLES
15711 INDIAN QUEEN DRIVE
ODESSA, FL. 33556 US

Title: AMBR
LYNN M PALLES
15711 INDIAN QUEEN DRIVE
ODESSA, FL. 33556 US

L15000150552
FILED 8:00 AM
September 02, 2015
Sec. Of State
nhaney

Signature of member or an authorized representative

Electronic Signature: LYNN PALLES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.