Electronic Articles of Organization
For
Florida Limited Liability Company

L16000003116
FILED 8:00 AM
January 05, 2016
Sec. Of State
sgilbert

Article I

The name of the Limited Liability Company is:

WELLNESS LIAISONS, LLC

Article II

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

3520 E TREE TOPS CT
DAVIE, FL. US 33328

The mailing address of the Limited Liability Company is:

3520 E TREE TOPS CT
DAVIE, FL. US 33328

Article III

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

CRAIG PACKER
14201 W. SUNRISE BLVD
SUITE 203
SUNRISE, FL. 33323

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: CRAIG PACKER

Article IV

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

Title: AMBR
SHARI M PACKER
3520 E TREE TOPS CT
DAVIE, FL. 33328 US

Title: AMBR
MARIUTZA MERCEA
137 GOLDEN ISLES DRIVE, APT 710
HALLANDALE, FL. 33009 US

Signature of member or an authorized representative

Electronic Signature: SHARI PACKER

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.