

L160000187714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

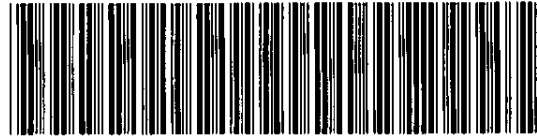
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**CORPORATE
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LLC

1.

DAWN Wellness Center, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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October 6, 2016

CORPORATE ACCESS, INC.

SUBJECT: DAWN WELLNESS CENTER, LLC
Ref. Number: W16000068829

We have received your document for DAWN WELLNESS CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00021599

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OCT 10 PM 12:01

EFFECTIVE DATE 10/01/16

ARTICLES OF ORGANIZATION FOR DAWN WELLNESS CENTER, LLC

ARTICLE I: The name of the Limited Liability Company is Dawn Wellness Center, LLC

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is:

1120 NW 23rd Avenue
Gainesville, FL 32609

ARTICLE III: The name and street address of the registered agent is:

April Dawn Hurt, D.O.
1120 NW 23rd Avenue
Gainesville, FL 32609

Having been named as registered agent and to accept service of the 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 as provided for in Chapter 605, Florida Statutes.

April Dawn Hurt
Signature of Registered Agent

01 October 2016
Date

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company:

April Dawn Hurt, D.O.
1120 NW 23rd Avenue
Gainesville, FL 32605

ARTICLE V: The effective date is 01 October 2016.

ARTICLE VI: Dawn Wellness Center, LLC is a manager managed entity.

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

April Dawn Hurt, D.O. MGR
April Dawn Hurt, D.O., Manager

01 October 2016
Date