

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

L16000211037  
FILED 8:00 AM  
November 17, 2016  
Sec. Of State  
kbrumbley

**Article I**

The name of the Limited Liability Company is:  
CENTRAL FLORIDA WELLNESS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
7932 W SAND LAKE RD  
ORLANDO, FL. 32819

The mailing address of the Limited Liability Company is:  
P.O. BOX 832  
LAKE WALES, FL. 33859

**Article III**

The name and Florida street address of the registered agent is:  
RICHARD STRAUGHN ESQ  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL. 33883

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: RICHARD STRAUGHN

### **Article IV**

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

Title: MGR  
CHRISTOPHER TRACY  
9731 CHESTNUT RIDGE DR  
WINDERMERE, FL. 34786

Title: MGR  
J. TIMOTHY SHORTLY  
P.O. BOX 832  
LAKE WALES, FL. 33859

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### **Article V**

The effective date for this Limited Liability Company shall be:

11/10/2016

Signature of member or an authorized representative

Electronic Signature: J. TIMOTHY SHORTLY

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.