

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000033082 3)))



H170000330823ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)835-6769

Fax Number : (407)843-4076

\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\*

Email Address:

corpmail@shutts.com

# FLORIDA LIMITED LIABILITY CO. JAYNE WILLIAMS WELLNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. BURCH

FEB 6 2017

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000033082 3)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is:

FILED

17 FEB -3 AM ID: 38

SECURETARY OF STATE
FALL AHASSEE, FLORID.

JAYNE WILLIAMS WELLNESS, LLC

#### ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

2019 Alaqua Lakes Boulevard Longwood, FL 32779

#### ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Jane Wasyliw.

## ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

2019 Alaqua Lakes Boulevard Longwood, FL 32779

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 as provided for in Chapter 605. Florida Statutes.

(Registered Agent's Signature)

Jane Wasyliw

Signature of a member or an authorized representative of a member Jane Wasyliw, Authorized Representative

Julio Wasy Lin, Patient Dea Proposition 19

(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 s.817.155, Florida Statutes)

(((H17000033082 3)))

ORLDOCS 15187467 I