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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

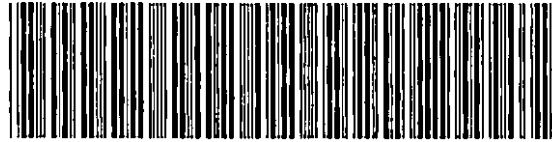
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SEALING) OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

DEC 12 2017

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1597 SE PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34952

(772) 335-5455

December 7, 2017

State of Florida
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

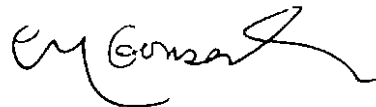
RE: Treasure Coast Suboxone and Wellness Clinic, LLC

Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the Articles of Organization for the above-referenced limited liability company, together with the Certificate Designating Registered Agent. Please file the original in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the fees for a new filing, registered agent designation and certified copy. Thank you for your cooperation in this matter.

Sincerely,



Tiffany N. Gonsalves, FRP
Florida Registered Paralegal

Enc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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INFORMATION SERVICES

December 12, 2017

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.
1597 SE PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952

SUBJECT: TREASURE COAST SUBOXONE AND WELLNESS CLINIC, LLC
Ref. Number: W17000098018

We have received your document for TREASURE COAST SUBOXONE AND WELLNESS CLINIC, 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):

The person signing the Articles of Organization to form the Florida limited liability company is an "authorized representative," not an "incorporator." Please substitute the words "authorized representative" for the word "incorporator" in your document.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 717A00025023

ARTICLES OF ORGANIZATION
OF
TREASURE COAST SUBOXONE AND WELLNESS CLINIC, LLC

FILED
17 DEC 20 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Revised Florida Limited Liability Company Act, Chapter 605, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Treasure Coast Suboxone and Wellness Clinic, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 642 NE Jensen Beach Boulevard, Jensen Beach, FL 34957.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member(s) of the Company shall be Michael Andre. The Member(s) of the Company are as follows:

Michael Andre
642 NE Jensen Beach Boulevard
Jensen Beach, FL 34957

ARTICLE V – ADDITIONAL MEMBERS

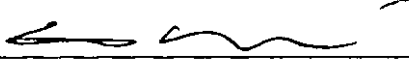
Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1597 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.


Michael Andre, Member or Authorized
Representative of Member

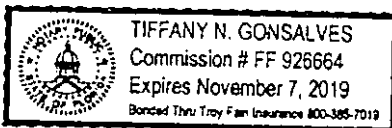
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

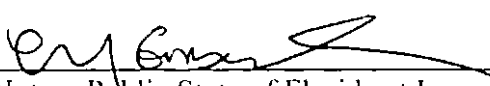
STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael Andre, who produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 12th day of December, 2017.

(S E A L)




Notary Public State of Florida at Large

Printed Signature: Tiffany N. Gonsalves

My Commission No:

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.


RICKEY L. FARRELL, ESQUIRE
Registered Agent

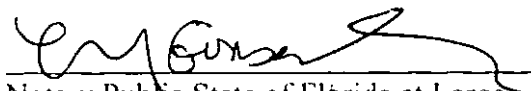
STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 13th day of December, 2017.

(S E A L)




Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

17 DEC 20 PM 2:56
NOTARY OF STATE
TAMMASEE FLORIDA