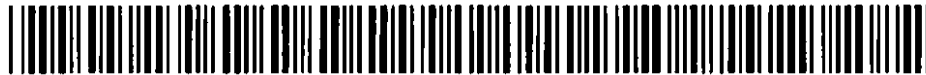


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800008995870092

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.

((H18000089958 3)))



H180000899583ABCF

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
dan@ring-ring.com

Email Address: _____

RECEIVED
2018 MAR 20 PM 4:25
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
THE WOOD DOCTORS OF VERO BEACH LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2018 MAR 20 AM 9:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2018

Electronic Filing Menu

Corporate Filing Menu

Help

X Brumbley

H18000089958 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE WOOD DOCTORS OF VERO BEACH LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**5630 55TH STREET
VERO BEACH, FLORIDA 329675630 55TH STREET
VERO BEACH, FLORIDA 32967**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSEPH T. HASTINGS

Name

5630 55TH ST.Florida street address (P.O. Box **NOT** acceptable)VERO BEACH FL 32967

City

Zip

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, F.S.


Registered Agent's Signature (REQUIRED)

JOSEPH T. HASTINGS

(CONTINUED)

Page 1 of 2

FILED
2010 MAR 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000089958 3

H18000089958 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

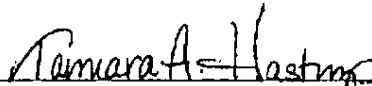
"MGR" = Manager

AMBR**Name and Address:**JOSEPH T. HASTINGS5630 55TH STREETVERO BEACH, FLORIDA 32967TAMARA ANN HASTINGS5630 55TH STVERO BEACH, FLORIDA 32967AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

(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, F.S.)

TAMARA ANN HASTINGS

Typed or printed name of signee

H18000089958 3