

04/10/2010 13:10 305 2014

LAZARUS CORPORATE FILING

01/03

L18000086827

Florida Department of State
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.

((H18000112971 3)))



H180001129713ABC/

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WELLNESS MEDICAL CENTER & SPA LLC**

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

RECEIVED

2010 APR 10 PM 2:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10 APR 10 AM 7:38

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

APR 11 2010

H18000112971

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LLC," or "LLC.")

Wellness Medical Center & Spa LLC

ARTICLE II - Address:

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

1091 NW 127 Ct

Miami FL 33182

ARTICLE III - Registered Agent, Registered Office:

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

Ivet + Gutierrez

1091 NW 127 Ct

Miami FL 33182

ARTICLE IV-

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

Ivet + Gutierrez

(AMBR)

FILED
TALLAHASSEE, FLORIDA

18 APR 10 AM 7:38

H18000112971

H18000112971

Required Signatures:



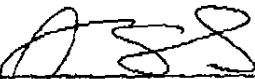
Signature of a member or an authorized representative of a member.

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.

Ivett Gutierrez

Typed or printed name of signee

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)

FILED
18 APR 10 AM 7:34
TALLAHASSEE, FLORIDA

H18000112971