Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AKERMAN LLP - MIAMI

Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095

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. HEALTH WELLNESS MANAGEMENT OF LAKE MARY, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF HEALTH WELLNESS MANAGEMENT OF LAKE MARY, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is:

HEALTH WELLNESS MANAGEMENT OF LAKE MARY, LLC

ARTICLE II: - Address

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

3703 S. Atlantic Avenue Unit 1004 Daytona Beach Shores, Florida 32118

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Todd A. Stewart 3703 S. Atlantic Avenue Unit 1004

Daytona Beach, Florida 32118

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.

Todd A. Stewart, Registered Agent

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ARTICLE IV: - Management

The Limited Liability Company is to be managed by one or more mangers. The name and address of the individual authorized to manage and control the Limited Liability Company is:

Title MGR Name and Address
Todd A. Stewart

3703 S. Atlantic Avenue

Unit 1004

Daytona Beach, Florida 32118

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization

on February 7, 2019.

Todd A. Stewart, Authorized Signer

(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 Section 817.155, Florida Statutes.)

Todd A. Stewart

Typed or printed name of signee

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