

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000038767
FILED 8:00 AM
February 07, 2019
Sec. Of State
vherring

Article I

The name of the Limited Liability Company is:
GAINESVILLE FAMILY WELLNESS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
810 NE UNIVERSITY AVE.
GAINESVILLE, FL. 32601

The mailing address of the Limited Liability Company is:
16721 NW 134TH DRIVE
ALACHUA, FL. 32615

Article III

Other provisions, if any:
ACUPUNCTURE AND RELATED SERVICES

Article IV

The name and Florida street address of the registered agent is:
REBECCA W MANGUM
16721 NW 134TH DRIVE
ALACHUA, FL. 32615

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.

Registered Agent Signature: REBECCA MANGUM

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
REBECCA W MANGUM
16721 NW 134TH DRIVE
ALACHUA, FL. 32615

Title: AR
SARAH E THOMPSON
703 NW 12TH AVE
GAINESVILLE, FL. 32601

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Article VI

The effective date for this Limited Liability Company shall be:

02/01/2019

Signature of member or an authorized representative

Electronic Signature: REBECCA MANGUM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.