Electronic Articles of Organization For Florida Limited Liability Company

L19000066029 FILED 8:00 AM March 07, 2019 Sec. Of State

Article I

The name of the Limited Liability Company is: GYPSEAAIR HEALTH AND WELLNESS, LLC

Article II

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

101W COURT STREET TARPON SPRINGS, FL. US 34689

The mailing address of the Limited Liability Company is:

34W PARK ST TARPON SPRINGS, FL. US 34689

Article III

Other provisions, if any:

HEALTH AND WELLNESS THROUGH YOGA AND MASSAGE

Article IV

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

JESSICA MILLER 34W PARK ST TARPON SPRINGS, FL. 34689

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: JESSICA MILLER

Article V

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

Title: MGRM JESSICA MILLER 34W PARK ST TARPON SPRINGS, FL. 34689 US

Title: MGRM MCKENZI BLAKE 65 LAKE SHORE DR PALM HARBOR, FL. 34684 US

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Article VI

The effective date for this Limited Liability Company shall be:

03/08/2019

Signature of member or an authorized representative

Electronic Signature: JESSICA MILLER

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.