07/15/2 De artinent of State **Division of Corporations**

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

Emmail Address:

FLORIDA LIMITED LIABILITY CO. **HYPNOSIS 4WELLNESS LLC**

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words Timited Liability Company,

Hyprosis 4 Wellness LLC

ARTICLE II - Address:

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

1604, 11271 Tamarinal Cay Ln. ft. Myers, Fl 33908

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)

Cathy Rester

H. Myers, FL 33908

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

Cathy Resler (MGR)
Richard Resler (MGR)

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Required Signatures:

Cothy L.		•
Signature of a member of an ar	uthorized representative of a ni	ember.

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.

Cathy Reslet
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 a cept 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)