PAI

Page 1 of 1



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.

(((H19000243714 3)))



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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Phone : (718)889-7420 Fax Number

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. RESET YOUR SOUL, PLLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

03/13/2014 21:59 718-6156340

MEN35

PAGE 01/03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Reset Your Soul, PLLC (Must end with | the words "Limited | d Liability Company | y, "L.L.C.," or "LLC.") | | | |
|---|---|---|---|------------------------|-------|----------------|
| ARTICLE II - Address: The mailing address and street addre | as of the principal o | office of the Limited | Liobility Company is: | | | |
| Principal O | ffice Address: | | Mailing Addr | लाः | | |
| 160 West Camino Real A | 250 | | West Camino Real #250 | | | |
| Been Raton, FL 33432 | | Boo | a Raton, PL 33432 | | | |
| ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an active The name and the Plorida street additionally | not serve as its own re Florida registration | n Registered Agent. on.) | You must designate an inc | ividu al or | | |
| S | usan Bily-Lindner | | | | | |
| | | Name | | | | |
| 1 | 60 West Camino R | cal #250 | | | | |
| | | 55 (P.O. Box <u>NOT</u> 6 | ecceptable) | | | |
| E | Bocu Raton | FL | 33432 | | | |
| - | City | State | Zip | (A) | 23 | |
| laving boen named as registered ager lace designated in this certificate, I he wither agree to comply with the provis in familiar with and accept the obliga | ereby accept the appoint of all statutes in all statutes in all statutes in all on the appointments of any position | continent at register violating to the proper as registered agent second Agent's Signal (CONTINUED) | red agent and agree to act : r and camplete performant | ee of my duties, and | 15 AM | |
| | | Page I of 2 | | | | |
| | | | | SECKET TALL A | 42 | . 6 . 5 |

03/13/2014 21:59 718-6156340

MENGS

PAGE 02/03

| Wight Susan Bity-Lindner 160 West Camino Real #250 Boca Raton, FL 33432 Use attachment if necessary) V: Effective date, if other than the date of filing: | Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|---|
| Use attachment if necessary) Use attachment if necessary) V. Effective date, if other than the date of filing: the date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date instruct in this block does not meet the applicable statutory filing requirements, this date will neen's effective date on the Department of State's records. VI: Other provisions, if any, so for this professional LLC is: Therapy Signature of a metaber or an authorized representative of a metaber. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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, P.S. Susan Bily-Lindoer Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: Live date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. I.V.: Other provisions, if any, so for this professional LLC is: Therapy Signature of a member or an authorized representative of a member. This document is executed inaccordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information-dubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bilv-Lindaer Typed or printed name of signee Filing Fress: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | Susan Bilv-Lindner |
| Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (In the date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) (In the date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. (VI: Other provisions, if any, so for this professional LLC is: Therapy Signature of a member or sh authorized representative of a member. This document is executed inaccordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information-abunitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bily-Lindaer Typed or printed name of signee Filing Pees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | 160 West Camino Real #250 |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (Inling.) (Illing.) (Illing.) | | Boca Raton, FL 33432 |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Use attachment if necessary) I.V. Effective date, if other than the date of filing: | | |
| Signature of a member or an authorized representative of a member. This document is executed in accordace with science of 5. I am aware that any false information authorized representative of a member. This document is executed in accordace with science of 5. P.S. Sugnature at any false information authorized representative of a member. This document is executed in accordace with science of 5.0203 (1) (b). Florida Statutes. I am aware that any false information authorized representative of a member. This document is executed in accordance with science of 5.0203 (1) (b). Florida Statutes. I am aware that any false information authorized for in s.817.155, P.S. Sugnature of a member of state constitutes a third degree felony as provided for in s.817.155, P.S. | | |
| Signature of a member or an authorized representative of a member. This document is executed in accordace with science of 5. I am aware that any false information authorized representative of a member. This document is executed in accordace with science of 5. P.S. Sugnature at any false information authorized representative of a member. This document is executed in accordace with science of 5.0203 (1) (b). Florida Statutes. I am aware that any false information authorized representative of a member. This document is executed in accordance with science of 5.0203 (1) (b). Florida Statutes. I am aware that any false information authorized for in s.817.155, P.S. Sugnature of a member of state constitutes a third degree felony as provided for in s.817.155, P.S. | | • |
| Signature of a member or an authorized representative of a member. This document is executed in any folse information submitted in a document to the Department of State. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any folse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bily-Lindaer Typed or printed name of signee Filling Press: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent | (Use attachment if necessary) | |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, P.S. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | EV: Effective date, if other than the date | te of filing: |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. 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. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be s f filling.) | specific and cannot be more than five business days prior to or 9 |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. 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. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a f filing.) the date inserted in this block does not | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no |
| Signature of a meratier or an authorized representative of a menuber. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ective date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. 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, P.S. Susan Bily-Lindoor Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) The date inserted in this block does not nent's effective date on the Department VII: Other provisions, if any. | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not at of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. 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, P.S. Susan Bily-Lindoor Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ective date is listed, the date must be a f filing.) the date inserted in this block does not nent's effective date on the Department VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not at of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. 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, P.S. Susan Bily-Lindoor Typed or printed name of signee Filling Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ective date is listed, the date must be a f filing.) the date inserted in this block does not nent's effective date on the Department. EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not at of State's records. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, P.S. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ective date is listed, the date must be a f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any. See for this professional LLC is: There | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not at of State's records. |
| This document is executed in accordance with section 605.0203 (1) (b), Florida Starutes. I am aware that any false information domitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bily-Lindoer Typed or printed name of signee Filling Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department. VI: Other provisions, if any. ase for this professional LLC is: There | specific and cannot be more than five business days prior to or 9 to meet the applicable statutory filing requirements, this date will not of State's records. |
| 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, P.S. Susan Bily-Lindaer Typed or printed name of signee Filling Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department VI: Other provisions, if any. See for this professional LLC is: There | specific and cannot be more than five business days prior to or 9 a meet the applicable statutory filing requirements, this date will not of State's records. |
| constitutes a third degree felony as provided for in s.817.155, P.S. Susan Bily-Lindaer Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department VI: Other provisions, if any, ase for this professional LLC is: There REQUIRED SIGNATURE. Signature of a m | meet the applicable statutory filing requirements, this date will not of State's records. |
| Typed or printed name of signee <u>Filling Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department. VI: Other provisions, if any. see for this professional LLC is: There. Signature of a m This document is execute. | meet the applicable statutory filing requirements, this date will not of State's records. py method a member or an authorized representative of a member. puted in accordance with section 605.0203 (1) (b), Florida Starutes. |
| Typed or printed name of signee <u>Filling Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. ase for this professional LLC is: There. Signature of a m This document is exect I am aware that any fol: | meet the applicable statutory filing requirements, this date will not of State's records. py menture or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Starutes, se information submitted in a document to the Department of State |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a f filing.) the date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any. See for this professional LLC is: There Signature of a mean of the constitutes a third degree. | meet the applicable statutory filing requirements, this date will not of State's records. The state of State of a member of |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | ctive date is listed, the date must be a f filing.) the date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any. See for this professional LLC is: There Signature of a mean of the constitutes a third degree. | meet the applicable statutory filing requirements, this date will not of State's records. py mentager or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, P.S. |
| | ctive date is listed, the date must be a filling.) the date inserted in this block does not tent's effective date on the Department. VI: Other provisions, if any. see for this professional LLC is: There REQUIRED SIGNATURE: Signature of a magnetic date of the document is executed in the department of the department | meet the applicable statutory filing requirements, this date will not of State's records. py mention or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S. dicer Typed or printed name of signee |
| | ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. Ese for this professional LLC is: There Signature of a magnetic decimal and the second of the second in the second | meet the applicable statutory filing requirements, this date will not of State's records. py metaber or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, P.S. diagram Typed or printed name of signee Filing Fress: |

Page 2 of 2