

L190000 223623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

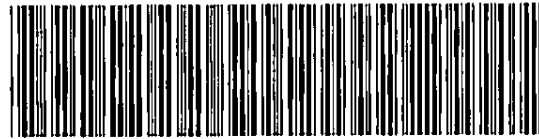
Certificates of Status _____

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19 SEP 12 AM 9:19

2019 SEP 12 AM 11:40

STATE
TALLAHASSEE, FLORIDA

**CORPORATE
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☐ **CERTIFIED COPY** _____
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1. **CIRCLES OF WELLNESS, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
OF
CIRCLES OF WELLNESS, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

* * *

**ARTICLE I
NAME**

The name of this limited liability company is Circles of Wellness, LLC.

**ARTICLE II
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Company is 4963 Beach Blvd., Jacksonville, Florida 32207.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 562 Park Street, Suite 300, Jacksonville, Florida 32204, and its initial registered agent is Sidney S. Simmons, P.L.

**ARTICLE V
PURPOSE AND POWERS**

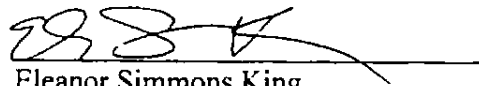
The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**ARTICLE VI
MANAGEMENT**

The Company shall be manager managed. The initial managers shall be Monica Fourman and Cary Fourman.

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JACKSONVILLE, FLORIDA

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of this 11th day of September 2019.


Eleanor Simmons King
Authorized Representative

REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

Having been named as registered agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby agree to 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.

DATED this 11th day of September, 2019

Sidney S. Simmons, P.L.

By: 
Eleanor Simmons King, its Vice President

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JACKSONVILLE, FLORIDA