

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
WELNOS, PLLC**

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**ARTICLES OF ORGANIZATION  
OF  
WELLNOS, PLLC**

**Article 1 - Name**

The name of this Professional Limited Liability Company is WELLNOS, PLLC.

**Article 2 - Address**

The street address of the principal place of business and mailing address of this Professional Limited Liability Company is:

4492 N. University Drive  
Lauderhill, FL 33351

**Article 3 - Mailing Address**

The mailing address of this Professional Limited Liability Company is:

4492 N. University Drive  
Lauderhill, FL 33351

**Article 4 - Initial Registered Agent and Office**

The initial registered agent of this Professional Limited Liability Company is Dr. Richard A. Henry. The initial registered office address is 4492 N. University Drive, Lauderdale, FL 33351.

**Article 5 - Duration**

This Limited Liability Company will exist in perpetuity, unless dissolved in accordance with the Florida Limited Liability Company Act.

**Article 6 - Purpose**

This Professional Limited Liability Company is organized to provide physical therapy services and for any lawful purpose, except that special statutes for the regulation and control of specific types of business control when in conflict with these Articles of Organization.

**Article 7 - Powers**

This Professional Limited Liability Company has all of the powers enumerated in the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes and the Florida Professional Services Corporations and Limited Liability Companies Act, Chapter 621 of the Florida Statutes..

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**Article 8 - Admission of New Members**

The members have the right to admit new members. Only new membership interests may be issued for the admission of new members. No existing membership interests may be transferred to a third party unless all other members agree.

The terms and conditions for the admission of new members are as follows:

Any person or entity approved by a unanimous written consent of all existing members may, subject to the terms of the Operating Agreement, become an additional member in the limited liability company by the sale of new interests for any consideration the members determine.

**Article 9 - Right of Continuance**

The members have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in this Professional Limited Liability Company.

**Article 10 - Operating Agreement**

The Operating Agreement may be adopted, altered, amended, or repealed by a vote of the Members owning over 50% of the Membership Interest of this Professional Limited Liability Company.

**IN WITNESS WHEREOF**, the sole Member of this Professional Limited Liability Company has signed these Articles of Organization on December 5, 2019 thereby affirming under penalties of perjury that the facts contained in these Articles of Organization are true to the best of her knowledge.

**SOLE MEMBER:**

Richard A. Henry, D.C., P.A.

By: 

Richard A. Henry, President

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Subsection 605.0113 of the Florida Statutes, the undersigned Professional Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the limited liability company is WELLNOS, PLLC
2. The name and address of the registered agent and office is:

Dr. Richard A. Henry  
4492 N. University Drive  
Lauderhill, FL 33351

SIGNATURE Richard A. Henry, D.C., P.A.

By: 

Dr. Richard A. Henry, President

TITLE : Sole Member

DATE December 5, 2019

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.

SIGNATURE 

Dr. Richard A. Henry

DATE December 5, 2019