

Apr. 9, 2020 3:10PM
4/9/2020

GRAY ROBINSON

Division of Corporations

No. 1220 P. 1

L20000099158

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

2020 APR -9 PM 12:05

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

Email Address: tucker.thoni@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.

Balance Wellness, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

APR 10 2020

T. SCOTT

2020 APR -9 PM 3:28

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I
Name

The name of this Limited Liability Company is: **Balance Wellness, LLC**

ARTICLE II
Address

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

301 E. Pine Street, Suite 1400
Orlando, FL 32801

ARTICLE III
Purpose

This Limited Liability Company is organized for the purposes of providing health and wellness services, and for any other lawful business under Chapter 605, Florida Statutes.

ARTICLE IV
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, FL 32801
Attn: Tucker J. Thoni, Esq.

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

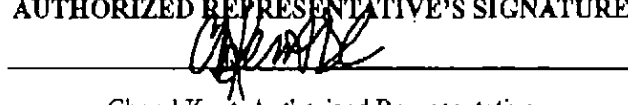
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REGISTERED AGENT'S SIGNATURE

A handwritten signature in black ink, appearing to be "J. Kent", written over a horizontal line.

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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

A handwritten signature in black ink, appearing to be "Cheryl Kent", written over a horizontal line.

Cheryl Kent, Authorized Representative