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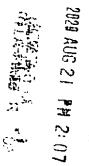
(Requestor's Name)				
(Address)				
(Address)				
,,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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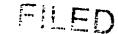
2020 AUG 21 AM 9: 32 SEGNETARY OF STATE TALLAHASSEE, FL

AUG 2 : 1 ;

CAPITAL CONNECTION, INC. .

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wellness Holding	gs LLC	
		Art of Inc. File
	<u>-</u>	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рhого Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	· 	Fictitious Owner Search
3.g.iatare		Vehicle Search
		Driving Record
Requested by: Seth		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Mainc	Date Hille	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

Wellness Holdings LLC	C
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

	Principal Office A	ddress:	Mailing Address:	
2 South Biscayne Blvd., Suite 2600 Miami, FL 33131			2 South Biscyane Blvd., Suite 2600 Miami, FL 33131	
(The Limit another bi	asiness entity with an active Floricand the Florida street address of t	ve as its own Registered Ada registration.) he registered agent are:	d Agent's Signature: Agent. You must designate an individual or	
	<u>Bryan R</u>	ush, Esq.		
		Name		
	2 South	Biscayne Blvd., Suite 260	00	
	Florida	Florida street address (P.O. Box NOT acceptable)		
	<u>Miami</u>	FL	33131	
		City State	Zip	

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 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 as provided for in Chapter 605, F.S..

Bryan Rush
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Mark Bryn 2 South Biscayne Blvd., Suite 2600 Miami, FL 33131
	SECR AL
	SECRETARY OF ALLAHASS
(Use attachment if necessary)	SEE ST
(If an effective date is listed, the date must be the date of filing.)	ate of filing: (OPTIONAL)
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	Mark Bryn
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. ilse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Mark Bryn	Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (O. 1)

- \$ 5.00 Certificate of Status (Optional)