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Florida Department of State
Division of Corporations
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To:

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From:

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

Email Address: ingrid@bachelorandassociates.com

FLORIDA LIMITED LIABILITY CO.

Agape Health & Wellness, LLC

Certificate of Status	1
Certified Copy	1
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Handwritten signature and date: 2-10-21

2021 FEB -9 AM 10:50
M. BACHELOR
C. P. A.
FLORIDA

2021 FEB -9 AM 10:50

2021 FEB -9 PM 2:29

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**ARTICLES OF ORGANIZATION
OF
Agape Health & Wellness, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

Agape Health & Wellness, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

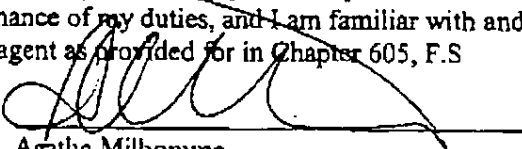
1101 N Benoist Farm Road
Suite 108
West Palm Beach, FL 33411

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Agathe Milhomme
1101 N Benoist Farm Road
Suite 108
West Palm Beach, FL 33411

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.


Agathe Milhomme
Registered Agent

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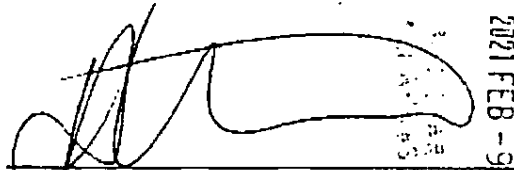
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ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Agathe Milhomme
1101 N Benoit Farms Road
Suite 108
West Palm Beach, FL 33411

Manager



Name: Agathe Milhomme
Title: Authorized Representative of
Members.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under 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 for in s.817.155, F.S.)

2021 FEB - 9

AM:10

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