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**FLORIDA LIMITED LIABILITY CO.
WEEKNIGHT WELLNESS, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
WEEKNIGHT WELLNESS, LLC

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is WEEKNIGHT WELLNESS, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 7452 Veterans Memorial Drive, Tallahassee, Florida 32309.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is LAUREN HORNE, 7452 Veterans Memorial Drive, Tallahassee, Florida 32309.

ARTICLE V.

The only member of this limited liability company is LAUREN HORNE. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the

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continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the Manager is LAUREN HORNE, who shall have the right and authority to manage this limited liability company.

ARTICLE VIII.

The Organizing Member of this limited liability company is LAUREN HORNE.

IN WITNESS WHEREOF, the said Organizing Member has hereunto set her hand and seal this 2nd day of May, 2021.

WEEKNIGHT WELLNESS, LLC

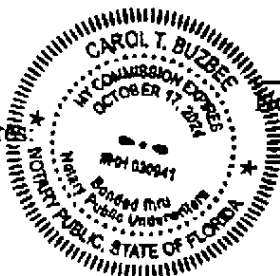
BY: Lauren Horne
LAUREN HORNE, Organizer

STATE OF FLORIDA
COUNTY OF JEFFERSON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above was acknowledged before me by means of ☒ physical presence ☐ online notarization by LAUREN HORNE, as the Organizing Member of WEEKNIGHT WELLNESS, LLC, known to be the person described as the Organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that she subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 2nd day of May, 2021.

My Commission Expires



Carol T. Buzbee
Notary Public

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Chapter 605 and /or Chapter 621, Florida Statutes, the following is submitted:

WEEKNIGHT WELLNESS, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 7452 Veterans Memorial Drive, Tallahassee, Florida 32309, names LAUREN HORNE, whose mailing address is 7452 Veterans Memorial Drive, Tallahassee, Florida 32309, and whose street address is 7452 Veterans Memorial Drive, Tallahassee, Florida 32309, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

WEEKNIGHT WELLNESS, LLC

By: Lauren Horne
LAUREN HORNE, Manager

Dated: May 2, 2021

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

Lauren Horne
LAUREN HORNE
Registered Agent

Dated: May 2, 2021

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