L21000270371

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | _ |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ÷ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

600367971446

06/10/21---01001---008 **125.00

RECEIVED

2021 JUN -9 PM 3: L 1021 JUN -9 PM 1: 26
SECRETARY OF STATE
SECRETARY OF STATE

CORPORATE -ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| WALK IN | | | | |
|---------|--------------|---|--|--|
| | | PICK UP: Danny 6/9 | | |
| | | CERTIFIED COPY | | |
| | Þ | РНОТОСОРУ | | |
| | | CUS | | |
| | ⊠ | FILING LLC | | |
| 1. | | Technical Wellwess Solutions LLC (CORPORATE NAME AND DOCUMENT#) | | |
| _ | | (CORPORATE NAME AND DOCUMENT #) | | |
| 2. | | (CORPORATE NAME AND DOCUMENT #) | | |
| 3. | | | | |
| | | (CORPORATE NAME AND DOCUMENT #) | | |
| 4. | | (CORPORATE NAME AND DOCUMENT #) | | |
| 5. | | (CORPORATE NAME AND DOCUMENT #) | | |
| 5. | | | | |
| | | (CORPORATE NAME AND DOCUMENT #) | | |
| | ECIA STRU | L CTIONS: | | |
| | | | | |
| | | | | |

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Technical Wellness Solutions LLC |
| Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Joseph Kurtz |
| Name of Person |
| |
| Firm/Company |
| 10073 < Edoral Hum |
| 10073 5 Federal Huy Address |
| port St Lucie FL 34952 |
| City/State and Zip Code City/State and Zip Code Technical Wellness Solutions agmail.com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Toscoh Kurtz at 484 947-9447 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$ S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Technical Wellness | Solutions LLC |
|--|--|
| (Must contain the words "Limited Liability Con | mpany, "L.L.C.," or "LLC.") |
| RTICLE II - Address: he mailing address and street address of the principal office of the I | Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 10073 South Federal Huy poit at Lucie FL 34952 | Same as principle |
| The Limited Liability Company cannot serve as its own Registered Another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | Agent. You must designate an individual or |
| | tz |
| 10073 5 Federal Florida street address (P.O. Box 1 | |
| | |

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 60.5, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE

| | orized to manage and control the Limited Liability Company: | | |
|---|---|--|--|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
| "MGR" = Manager | Joseph Kurtz 10073 5 Federal Hung port st Lucie FL, 34952 | | |
| | | | |
| | | | |
| | | | |
| are date of ming.) | and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this data will not be lived a | | |
| ARTICLE VI: Other provisions, if any. | | | |
| REQUIRED SIGNATURE: | | | |
| I am aware that any false information constitutes a third degree felong | or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. | | |
| | | | |

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)