

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000066919 3)))



H220000669193ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : TILLET ALVARADO & PRENDERGAST  
Account Number : I20210000002  
Phone : (561)345-2416  
Fax Number : (561)907-4965

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

Email Address: \_\_\_\_\_

1-011-130-1600

2022 FEB 23 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FLORIDA LIMITED LIABILITY CO.  
PROSPERITY WELLNESS CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

4/1

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: PROSPERITY WELLNESS CENTER, 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:

DEREK TAYLOR

\_\_\_\_\_  
 Name of Person

PROSPERITY WELLNESS CENTER, LLC

\_\_\_\_\_  
 Firm/Company

11382 PROSPERITY FARMS ROAD SUITE 225

\_\_\_\_\_  
 Address

PALM BEACH GARDENS, FL 33410

\_\_\_\_\_  
 City/State and Zip Code

DOCTAYLOR@TAYLORCHIROLASER.COM

\_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK TAYLOR

561

867-1020

nt (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PROSPERITY WELLNESS CENTER, LLC

(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 Address:**11382 PROSPERITY FARMS ROADSUITE 225PALM BEACH GARDENS, FL 33410**Mailing Address:**11382 PROSPERITY FARMS ROADSUITE 225PALM BEACH GARDENS, FL 33410**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DEREK TAYLOR

Name

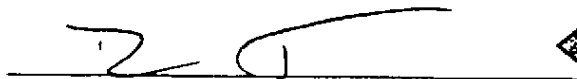
11382 PROSPERITY FARMS ROAD SUITE 225Florida street address (P.O. Box **NOT** acceptable)PALM BEACH GARDENS FL 33410

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.



Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB 23 PM 12:23

FILED

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

DEREK TAYLOR

11382 PROSPERITY FARMS ROAD SUITE 225

PALM BEACH GARDENS, FL 33410


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

DEREK TAYLOR

Typed or printed name of signer

**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 (Optional)

2022 FEB 23 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED