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Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850)617-6381

From:  
Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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

Email Address: mrobbins@shumaker.com

**FLORIDA LIMITED LIABILITY CO.**

**Live Well Investment Holdings LLC**

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**ARTICLES OF ORGANIZATION  
OF  
LIVE WELL INVESTMENT HOLDINGS LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is LIVE WELL INVESTMENT HOLDINGS LLC.

**ARTICLE II – Address:**

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

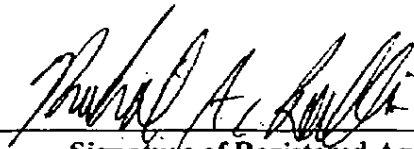
509 West Bay Street  
Unit 305  
Tampa, FL 33606

**ARTICLE III – Registered Agent and Office**

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

Michael H. Robbins  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Signature of Registered Agent

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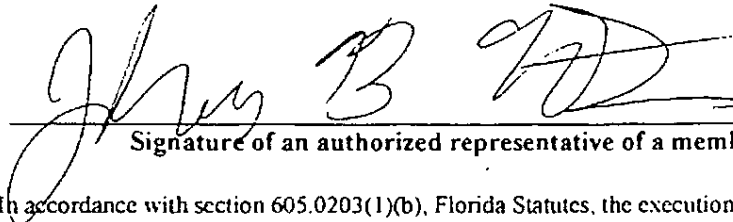
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**ARTICLE IV – Management**

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

<b>Title</b>	<b>Name and Address</b>
MGR	Joshua B. Kantor 509 Est Bay Street, #305 Tampa, FL 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 27th day of May 2022.

  
\_\_\_\_\_  
Signature of an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 section 817.155, Florida Statutes)

\_\_\_\_\_  
Josh Kantor  
Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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