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H220003915443ABC/

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

| F31 | Address. | | | |
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| rmali | | | | |

FLORIDA LIMITED LIABILITY CO.

Holistic Innovations LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu Corporate Filing Menu





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Holistic Innovatio | ns LLC | | | | |
|--|--|--|---|-------------|--|
| (Must co | ontain the words "Limited L | iability Company, ' | L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and stree | et address of the principal of | lice of the Limited | Liability Company is: | | |
| <u>Princ</u> | cipal Office Address: | | Mailing Address: | | |
| 7040 Seminole Pr | att Whitney Rd Suite 25-5 | | 7040 Seminole Pratt Whitney Rd Suite 25-5 | | |
| Loxahatchee FL 3 | 3470 | Loxa | natchee FL 33470 | | |
| The name and the Florida stre | Northwest Registered | Agent LLC | | | |
| | | | | | |
| | | Name | | | |
| | 7901 4th St N STE 30 | 0 | cuntable) | | |
| | Florida street address | 0 (P.O. Box <u>NOT</u> ac | • | | |
| | Florida street address St. Petersburg | 0 (P.O. Box <u>NOT</u> ac FL | 33702 | | |
| | Florida street address | 0 (P.O. Box <u>NOT</u> ac | • | | |
| lace designated in this certificant in the certific | Florida street address St. Petersburg City ed agent and to accept servicate, I hereby accept the appo e provisions of all statutes rel | O (P.O. Box NOT ac FL State re of process for the intment as registere fating to the proper | 33702 | icity. I | |
| lace designated in this certificant the resignated in this certificant the certificant the resignation and the certification in the certification and the | Florida street address St. Petersburg City ed agent and to accept servicate, I hereby accept the appo e provisions of all statutes rel | O (P.O. Box NOT ac FL State re of process for the intment as registere fating to the proper | 33702 Zip above stated limited liability compard agent and agree to act in this capa and complete performance of my du | icity. I | |
| lace designated in this certifica urther agree to comply with the | Florida street address St. Petersburg City ed agent and to accept service ate, I hereby accept the appo e provisions of all statutes relevabilizations of my position a | O (P.O. Box NOT ac FL State re of process for the intment as registere fating to the proper | 33702 Zip above stated limited liability compard agent and agree to act in this capa and complete performance of my dust provided for in Chapter 605, F.S | icity. I | |

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|--|----------------|
| "MGR" = Manager | | |
| *SEE ATTACHED* | *SEE ATTACHED* | _ |
| | | _ |
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| (Use attachment if necessary) | | • |
| | te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 | days after |
| e date of filing.) | t meet the applicable statutory filing requirements, this date will no | t he listed as |
| e document's effective date on the Departmen | | : |
| • | | (.) |
| RTICLE VI: Other provisions, if any. | | -T |
| | | |
| | | |
| REQUIRED SIGNATURE: | | |
| - | Morgan Jothe | |
| Signature of a r | member or an authorized representative of a member. | |
| This document is exec | cuted in accordance with section 605.0203 (1) (b), Florida Statutes. | |
| | lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. | |
| Morgan Noble | | |
| in gan Home | Typed or printed name of signee | |
| | , · · · · · · · · · · · · · · · · · · · | |

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)

ARTICLE IV-

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

Charles Thomas, Member 703 Oak Park Drive NE Huntsville, AL 35801

Bill Garland, Member 14746 74th St N Loxahatchee, FL 33470

Lonnie Tucker, Member 201 Park Ridge Dr O'Fallon, MO 63366

Lonny Weiss, Member 10118 Ibis Reserve Circle West Palm Beach, FL 33412

Margaret Jackson, Member 2012 Seminole Drive Tallahassee, FL 32301

Dave Brubaker, Member 685 Beehive Way Winchester, VA 22601

James Francis III, Member 9331 Weathersfield Drive Bristow, VA 20136