

L23000014591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

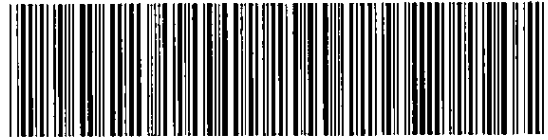
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
JAN 12 2023

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2023 JAN 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
-- JAN 12 PM 1:10

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WELLWAY SWFL LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

SECRET
DIVISION
JAN 12 PM 1 20

**ARTICLES OF ORGANIZATION
OF
WELLWAY SWFL LLC**

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

**ARTICLE I
NAME AND PRINCIPAL OFFICE**

The name of this limited liability company is WELLWAY SWFL LLC, and its principal office and mailing address is located at 1412 Raintree Lane, Mount Dora, FL 32757.

**ARTICLE II
DURATION**

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

**ARTICLE III
PURPOSE**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
MANAGER MANAGED**

The limited liability company will be manager managed and the name and address of the manager authorized to manage and control the limited liability company is:

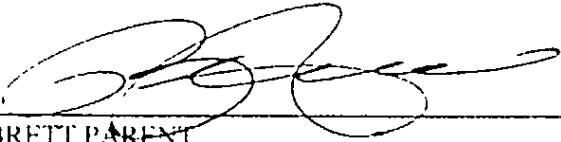
Manager: Brett Parent, whose address is 1412 Raintree Lane, Mount Dora, FL 32757

**ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office of this limited liability company shall be located at 1412 Raintree

Lane, Mount Dora, FL 32757, and the initial registered agent of the limited liability company at that address shall be BRETT PARENT.

IN WITNESS WHEREOF, the undersigned, has executed these Articles of Organization for this limited liability company this 11th day of January, 2023.

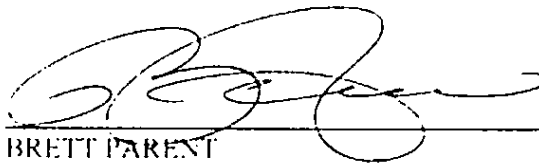

BRETT PARENT

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JAN 12 PM 1:28
CLERK OF CIRCUIT COURT
MOUNT DORA, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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.

Dated this 11th day of January, 2023.



BRETT PARENT
1412 Raintree Lane
Mount Dora, FL 32757

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CLERK OF CIRCUIT COURT
MOUNT DORA, FL