

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L23000079957  
FILED 8:00 AM  
February 13, 2023  
Sec. Of State  
tburch

**Article I**

The name of the Limited Liability Company is:

TOTAL CARE WELLNESS CENTERS LLC

**Article II**

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

820 PALM WAY ST  
KISSIMMEE, FL. 34744

The mailing address of the Limited Liability Company is:

820 PALM WAY ST  
KISSIMMEE, FL. 34744

**Article III**

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

JOHN BEELITZ  
820 PALM WAY  
KISSIMMEE, FL. 34744

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.

Registered Agent Signature: JOHN BEELITZ

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
JOHN BEELITZ MD  
820 PALM WAY ST  
KISSIMMEE, FL. 34744

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### **Article V**

The effective date for this Limited Liability Company shall be:

02/08/2023

Signature of member or an authorized representative

Electronic Signature: JOHN BEELITZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L23000079957

02/18/2023

To: Department of Corporations

2415 N Monroe St Suite 810, Tallahassee, FL 32303

From: Total Care Wellness Centers

820 Palm Way St

Kissimmee FL 34744

#### AFFIDAVIT

We are requesting for the Department of Corporations release Total Care Wellness from document number L23000036543.

*The Articles of Dissolution, dissolving TOTAL CARE WELLNESS CENTERS*

*LLC, a Florida limited liability company were filed on February 13, 2023.*

*The certification you requested is attached.*

*Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.*

*Division of Corporations~~~~~Letter Number: 400402586894-021523-L23000036543*

*Letter Number: 400402586894-021523-L23000036543*

## **Please activate the new application**

Document Number: W23000023871

Entity Name: TOTAL CARE WELLNESS CENTERS LLC

Tracking Number: 500402587535

Pin Number: 7535

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with a notarized affidavit, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L23000036543.

To make the necessary corrections to your filing, return to our website at [www.sunbiz.org](http://www.sunbiz.org) <<http://www.sunbiz.org>> and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online. This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6050.

Valerie Herring  
Regulatory Specialist III  
Internet Support

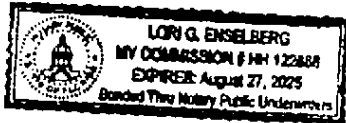
Letter Number: 230220202313-500402587535

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA

COUNTY OF OSCEOLA

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this (numeric date) this (numeric date) day of (month), (year), by (name of person making statement)..



(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

A handwritten signature in cursive script, appearing to read "Lori G. Enselberg", written over a horizontal line.

(Name of Notary Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: Driver's License

A large, stylized handwritten signature in cursive script, written over a horizontal line.

02/21/2023