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Division of Corporations

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To:

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Account Name : MCCARTHY, SUMMERS, WOOD, NORMAN, MELBY & SCHULTZ, P.A.
 Account Number : I19990000170
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FLORIDA LIMITED LIABILITY CO.
Purple Orchid Spa, LLC

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

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 FLORIDA DIVISION OF CORPORATIONS

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The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned Authorized Representative submits the following to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Purple Orchid Spa, LLC

ARTICLE II - Address:

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

The mailing address of the principal office of the Limited Liability Company is:
516 Colorado Avenue, Stuart, FL 34994

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

516 Colorado Avenue, Stuart, FL 34994

ARTICLE III - Registered Agent/Address

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

Kenneth A. Norman
2400 SE Federal Highway, Fourth Floor
Stuart, FL 34994

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a Manager and is therefore a manager-managed company. The names and addresses of the initial Managers who are authorized to manage and control the Limited Liability Company are as follows:

Dr. Lisa Grassam - Smith
516 Colorado Avenue,
Stuart, Florida 34994

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Articles of Organization
Purple Orchid Spa, LLC

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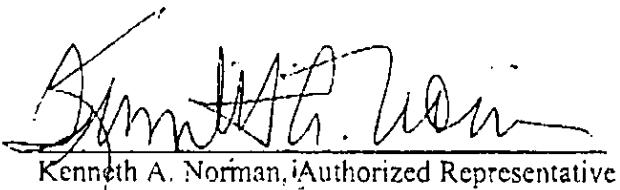
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Article V – Effective Date

The effective date of the Limited Liability Company, if other than the date of filing, is November 13, 2024.

In accordance with Florida Statutes §605.0203(1)(b), 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 Florida Statutes §817.155.

Dated: November 13, 2024.


Kenneth A. Norman, Authorized Representative

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Florida

Articles of Organization

Purple Orchid Spa, LLC

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED
OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LDS of Martin County, LLC
2. The name and Florida street address of the registered agent and office is:

Kenneth A. Norman
(Name)

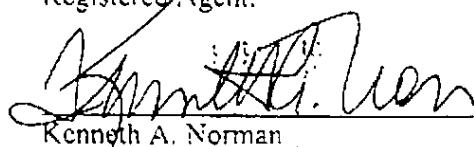
2400 SE Federal Highway, Fourth Floor
(P.O. Box not acceptable)

Stuart, FL 34994
(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, Kenneth A. Norman hereby accepts the appointment as registered agent and agrees to act in this capacity. Kenneth A. Norman further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated November 13, 2024.

Registered Agent:


Kenneth A. Norman

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Purple Orchid Spa, LLC