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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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

Email Address: _____

RECEIVED
2024 DEC -4 PM 3:05
SECURITY DIVISION
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
Consciousness Holistic Wellness LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
2024 DEC -4 PM 2:00
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSCIOUSNESS HOUSTIC WELLNESS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address: 4297 Preservation Circle
Melbourne, FL 32934

Mailing Address: 4297 Preservation Circle
Melbourne, FL 32934

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

AGENTS AND CORPORATIONS, INC.

Name

91 NINTH STREET SOUTH SUITE 330

Florida street address (P.O. Box NOT acceptable)

NAPLES

City

FL

34102

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, 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.

Agents and Corporations, Inc.

By: John L. Williams

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

FILED
2024 DEC -4 PM 2:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BREVARD, FLORIDA

ARTICLE IV-

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

Authorized
Title: Member and Manager Name and Address:
"AMBR" = Authorized Member
"MGR" = Manager

AMBR and MGR

CRISANNE FERREIRA BRAGA BALASKE
4297 PRESERVATION CIRCLE
MELBOURNE, FL
32934

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/04/2024 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or 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 s.817.155, F.S.)

CRISANNE FERREIRA BRAGA BALASKE
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)