



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 20, 1998

A. CHOPKI
1 LAS OLAS CIRCLE, #211
FORT LAUDERDALE, FL 33316

SUBJECT: BODY SYMPHONY HEALTH SCIENCES, L.L.C.
Ref. Number: W98000023756

We have received your document for BODY SYMPHONY HEALTH SCIENCES, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 998A00051731

FILED
98 NOV 12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L98000002719

A. Chopki
Requestor's Name
1 Las Olas Circle, #211
Address
Ft. Lauderdale, FL 33316
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Body Symphony Health Sciences, L.C.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****285.00 ****285.00

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TALLAHASSEE, FLORIDA

*Articles of Organization
for
Florida Limited Liability Company*

ARTICLE I – Name:

The name of the Limited Liability Company is:

Body Symphony Health Sciences, L.L.C.

ARTICLE II – Address:

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

1 Las Olas Circle #211, Fort Lauderdale, FL 33316

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

September 23, 2021

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TALLAHASSEE, FLORIDA

ARTICLE IV – Management:

(Check the appropriate box and complete the statement)



The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Audrey Chopki

1 Las Olas Cir. Suite # 211, FT. Lauderdale, FL. 33316



The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE VII – Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of
Body Symphony Health Sciences Ltd., LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ N/A ;
- 4) the total amount of cash and property contributed and anticipated to be
contributed by member(s) is \$ 100.00 .

Audrey Chopki

Signature of member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Audrey Chopki

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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TALLAHASSEE, FLORIDA

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The existing members shall have the right to admit additional members in the Company upon such terms and conditions as the existing and additional members shall agree at their sole discretion. Any member who is subsequently admitted as a member of the Company shall have all the rights and obligations of a member under the "Limited Liability Company Agreement."

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of an event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have members, based on their relative contributions as set forth in ARTICLE V hereof, agree to continue the business of the Company. The remaining members must agree within ninety (90) days from the date of such event whether or continue the business of the Company. In the event the remaining members fail to continue the business of the company within such ninety (90) day period, the Company shall be dissolved and liquidated.

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28 NOV 12 AM 9:04
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TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Body Symphony Health Sciences LLC

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

Audrey Chopki
NAME

1 Las Olas Circle #211
Florida street address (P. O. Box NOT ACCEPTABLE)

Ft. Lauderdale FL 33316
CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV 12 AM 9:04

FILED

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.

Audrey Chopki
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent