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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

MSV Wellness LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Parthesh Vakil

Name of Person

Firm/Company

12620 Beach Blvd, Suite 3 #227

Address

Jacksonville, FL 32224

City/State and Zip Code

vtstherapy10@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parthesh Vakil

904

4156744

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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15 JUN 24 PM 4:07
TALLAHASSEE, FL 32301
SECRETARY OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MSV Wellness LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 15 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12620 Beach Blvd, Suite 3 #227
Jacksonville, FL 32224
(Street Address of Principal Office)

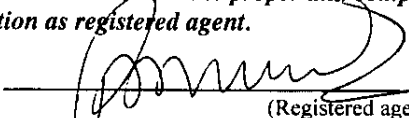
6. 12620 Beach Blvd, Suite 3 #227
Jacksonville, FL 32224
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Parthesh Vakil
Office Address: 12620 Beach Blvd, Suite 3#227
Jacksonville, Florida 32224
(City) (Zip code)

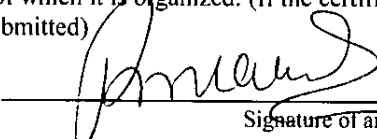
Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Parthesh Vakil, Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., 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.)

Parthesh Vakil

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15 JUN 24 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Wyoming Limited Liabil
Articles of Organization**

Ed Murray, WY Secretary of State

FILED: 04/28/2015 03:45 PM

ID: 2015-000685821

ARTICLE 1

Name

The name of the limited liability company is: MSV Wellness LLC

ARTICLE 2

Registered Agent

Name and physical address of its registered agent:

Registered Agents Inc.
412 N. Main Street
STE 100
Buffalo, WY 82834

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15 JUN 26 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 3

Principal Office

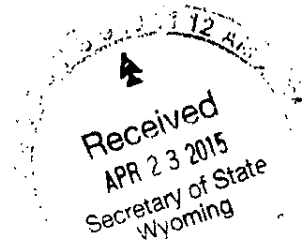
The principal office and mailing address of the limited liability company is:

412 N. Main Street
STE 100
Buffalo, WY 82834

ARTICLE 4

Liability

Pursuant to Wyoming statute, any and all debts, obligations or other liabilities of MSV Wellness LLC are solely the responsibility of the limited liability company. Any manager, member, or organizer of MSV Wellness LLC is hereby not personally liable for such debts or liabilities solely by reason of their title.



ARTICLE 5
Organizer

I, Riley Park, of Registered Agents Inc., as Organizer of MSV Wellness LLC, execute these Articles dated this 22nd day of April, 2015.



Riley Park

Consent to Appointment By Registered Agent

I, Registered Agents Inc., registered office located at 412 N. Main Street, STE 100, Buffalo, WY 82834, voluntarily consent to serve as the registered agent for MSV Wellness LLC

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.C. 17-28-111.



Registered Agents Inc.

Bill Havre, Assistant Secretary

April 22, 2015

Daytime Phone: (307) 554-1800

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15 JUN 24 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

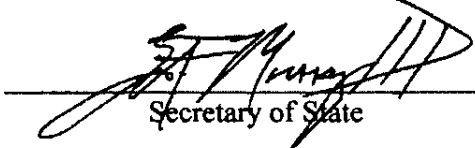
MSV Wellness LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **28th** day of **April, 2015**.



Filed Date: 04/28/2015


Secretary of State

By: Lance Cockrell

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15 JUN 24 PM 4:07
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TALLAHASSEE, FLORIDA