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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO. HIGHER ORDER HEALTH LLC

Certificate of Status	1
Certified Copy	. 0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

HIGHER ORDER HEALTH LLC

(Must contain the words "Limited Liability Company, "L.J.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:

Mailing Address:

1501 Belyedere Road, Suite 500	1501 Belvedere Road, Suite 500
West Palm Beach, Florida 33406	West Palm Beach, Florida 33406

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:

	Name	
1501 Belvedere Road	. Suite 500	
Florida street address	(P.O. Box NOT ac	ceptable)
		•
West Palm Beach	Fl.	33406

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

West Palm Beach Fl. 33406

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am limitar with and accept the obligations of my position as registered agent as provided for in Chapter 605, FSE am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.St.

/s/ Ryan Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Ryan Brown		
	1501 Belvedere Road, Suite 500 West Palm Beach, Florida 33406		
	west ram reach, riorda 25%		
AMBR	Brittany Brown		
	1501 Belvedere Road, Suite 500 West Palm Beach, Florida 33406		
	The state of the s	·········	
(Use attachment if necessary)			
·			
RTICLE V: Effective date, if other than the d	late of filing:	~;; ~;;	
an effective date is listed, the date must be e date of filing.)	specific and cannot be more than five business days prior to o	or 90 da	yvanier
	of meet the applicable statutory filing requirements, this date wi		listed a
e document's effective date on the Departme	ent of State's records.	N.	
ETICLE VI: Other provisions, if any.		-0	. • 1
-1372.3			
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	ın	10	
REQUIRED SIGNATURE:			
/s/ Ryan Brown			
This document is exe I am aware that any fi	member or an authorized representative of a member, scuted in accordance with section 605,0203 (1) (b), Florida State also information submitted in a document to the Department of Spree felony as provided for in \$.817,155, F.S.		
Ryan Brown			
	Typed or printed name of signee		
	Filing Fors:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)