

Document Type: **Articles of Organization**

Document Fee: **\$50.00**

Entity Name: **Bloom Wellness Clinics LLC**

Additional Fee: **\$0.00**

**Entity Information**

Entity Name: Bloom Wellness Clinics LLC

Entity Type: Domestic LLC

Entity Email Address:

Effective Date: 02/28/2019

Effective Time: 02:11PM

Character of Business: Any legal purpose

Character of Business Sub Code:

☒ Perpetual (forever)

☐ The Entity's life period will end on this date:

**Statutory Agent Information**

Name	Attention	Address	Email
Arrowood Helbert PLLC		15721 N Greenway Hayden Loop Ste 101, SCOTTSDALE, AZ, 85260, USA	jma@ahattorneys.com

**Known Place of Business**

Attention	Address
	9755 North 90th Street, Suite B295, SCOTTSDALE, AZ, 85258, USA

**Principal Information**

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Member and Manager	Carli Larson		9755 North 90th Street, Suite B295, SCOTTSDALE, AZ 85258, USA		
Member and Manager	James M. Arrowood		15721 North Greenway Hayden Loop, Suite 101, SCOTTSDALE, AZ 85260, USA		

**Organizer Information**

Name	Attention	Address	Email	Phone Number
Michael Helbert				

**Uploaded Attachments**

No Attachments Uploaded

**Signature**

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

**Name**

Michael Helbert

**Title**

Organizer