

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: LET IT BE WELLNESS, LLC
ENTITY ID: 23643291
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 02/15/2024
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Arizona Legal Document Services, LLC
PHYSICAL ADDRESS: Attn: Kellie DiCarlo, 1837 S. Mesa Dr C100, MESA, AZ 85210
MAILING ADDRESS: Attn: Kellie DiCarlo, 1837 S. Mesa Dr C100, MESA, AZ 85210

PRINCIPAL ADDRESS

1837 S. Mesa Dr C100, MESA, AZ 85210

PRINCIPALS

Member: Nicole F. Oprea Trust dated 12/1/09 - Nicole F. Oprea, Trustee, 1837 S Mesa Drive, C100, MESA, AZ, 85210, USA - noprea7@gmail.com - Date of Taking Office:

Member: The Blue Ocean Trust dated 11/18/22 - Evika Neamtu, Trustee, 1837 S. Mesa Drive, C100, MESA, AZ, 85210, USA - evikan7@gmail.com - Date of Taking Office:

Member: The Oak Wood Trust dated 12/27/23 - Ruben Neamtu, Trustee, 1837 S Mesa Drive, C100, MESA, AZ, 85210, USA - rneamtu77@gmail.com - Date of Taking Office:

ORGANIZERS

Cheryl Guz: PO BOX 1025, LITCHFIELD PARK, AZ, 85340, USA, cheryl.c.guz@gmail.com

SIGNATURES

Organizer: Cheryl Guz - 02/15/2024

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another [Member Structure Attachment](#) form.

| | |
|---|---|
| 1. | 2. |
| Name | Name |
| Address 1 | Address 1 |
| Address 2 (optional) | Address 2 (optional) |
| City <input type="text"/> State or Province Zip | City <input type="text"/> State or Province Zip |
| Country <input type="text"/> | Country <input type="text"/> |
| 3. | 4. |
| Name | Name |
| Address 1 | Address 1 |
| Address 2 (optional) | Address 2 (optional) |
| City <input type="text"/> State or Province Zip | City <input type="text"/> State or Province Zip |
| Country <input type="text"/> | Country <input type="text"/> |
| 5. | 6. |
| Name | Name |
| Address 1 | Address 1 |
| Address 2 (optional) | Address 2 (optional) |
| City <input type="text"/> State or Province Zip | City <input type="text"/> State or Province Zip |
| Country <input type="text"/> | Country <input type="text"/> |
| 7. | 8. |
| Name | Name |
| Address 1 | Address 1 |
| Address 2 (optional) | Address 2 (optional) |
| City <input type="text"/> State or Province Zip | City <input type="text"/> State or Province Zip |
| Country <input type="text"/> | Country <input type="text"/> |