STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION

20150219000052410 1/3 $158.00
Shelby Cnty Judge of Probate, AL
02/19/2015 10:28:23 AM FILED/CERT

(For County Probate Office Use Only)

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of $100.00** for standard filing (based on date of receipt and volume) **or $200.00 for expedited service** (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

The information completing this form must be typed or laser printed.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Title 10A-1-5.06):

   Mosaic Wellness, LLC

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].**

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

Whitney Knox McDaniel
133 Cedar Bend Drive
Helena, Alabama 35080

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3. The name of the Registered Agent: Justin McDaniel

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

133 Cedar Bend Drive, Helena, Alabama 35080

Mailing address of Registered Office (if different from street address): same as above

4. There is at least one member of the limited liability company.

5. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (later date) specified in this filing (no more than 90 days after date of signing of this document). 10A-1-4.12

The undersigned specify 02 / 19 / 2015 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but not more than 90 days after the date of signing of the document) and the time of filing to be 11: 00 AM

☐ Attached are any other matters the members determine to include herein and/or, if applicable, any statements required to meet 10A-5A-11.02(b)(3) requirements.

02/ 19 / 2015
Date (MM/DD/YYYY)

Signature as required by 10A-5A-2.04

Whitney Knox McDaniel
Typed Name of Above Signature

Organizer
Typed Title (Organizer or Attorney-in-fact)

Additional Organizers may sign (add additional sheets if necessary).

____ / ____ / _____
Date (MM/DD/YYYY)

Signature as required by 10A-5A-2.04

Typed Name of Above Signature

Typed Title (Organizer or Attorney-in-fact)

Jim Bennett
Secretary of State

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P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Mosaic Wellness, LLC

This name reservation is for the exclusive use of Whitney Knox McDaniel , 133 Cedar Bend Drive , Helena , AL 35080 for a period of one year beginning May 03, 2014 and expiring May 03, 2015

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

May 03, 2014

Date

RES656521

Jim Bennett **Secretary of State**