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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : T20070000150
Phone : (800)494-3124
Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

REJUVENARE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

REJUVENARE, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

919 5TH AVENUE PARKWAY S
NAPLES, FLORIDA 34102

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CARLO VELARDE
919 5TH AVENUE PARKWAY S
NAPLES, FLORIDA 34102

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

X Carlo Velarde
CARLO VELARDE / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ARMANDO CASCIATTI
919 5TH AVENUE PARKWAY S
NAPLES, FLORIDA 34102

MANAGING MEMBER
CARLO VELARDE
919 5TH AVENUE PARKWAY S
NAPLES, FLORIDA 34102

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.....

x Carlo Velarde

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CARLO VELARDE

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