

DEC/03/2013 TUE 04: PM

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
WELLNESS DIGITAL SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC -3 AM 7:51

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FAX No.

P. 002

Effective Date

11/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WELLNESS DIGITAL SYSTEMS, LLC

(Must end with the words "Limited Liability Company," "L.L.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:

255 ALHAMBRA CIRCLE

SAME

STE: 414

CORAL GABLES, FL 33134

### 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:

UNIVERSAL INVESTMENTS & FINANCIAL SERVICES LLC

Name

255 ALHAMBRA CIRCLE STE: 414

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

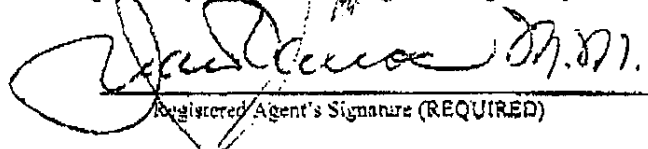
CORAL GABLES

FL

33134

City, State, and 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, 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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

DEC/03/2013/TUE 05:00 PM

FAX No.

P. 003

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JUAN L. RAMOS

50%

255 ALHAMBRA CIRCLE STE 414

CORAL GABLES, FL 33134

MGRM

LUIS DIAZ

50%

120 NW 87 AVE

APT F-105


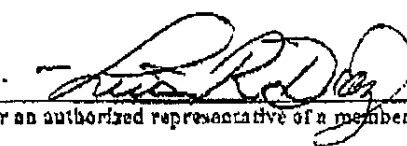
Miami, FL 33172

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 01/01/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

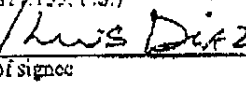
**REQUIRED SIGNATURE:**

 M.M.   
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.)

JUAN L. RAMOS

Typed or printed name of signer



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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