THE LAW OFFICES OF

MICHAEL G. PARK, ESQ.

610 NORTH DIXIE HIGHWAY LANTANA, FLORIDA 33462 PHONE: (561) 582-4434 x206 FAX: (561) 582-3881

10000 July 5, 202 0 8755

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: VALU-LIFE ASSOCIATES LLC

Dear Madam/Sir:

Enclosed please find a check in the amount of \$155 (\$100 filing fee, \$25 registered agent designation fee, \$30 certified copy fee), and one original and one copy of the Articles of Organization. Please expedite the filing, and return an acknowledgement copy to me. If you should have any questions, please feel free to call me at 561-582-4434 x206.

Michael G. Park

ry truly yours

Enclosures

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ARTICLES OF ORGANIZATION OF VALULIFE ASSOCIATES LLC

ARTICLE I - NAME: The name of the Limited Liability Company is:

VALULIFE ASSOCIATES LLC

ARTICLE II - DURATION: The period of duration of the Limited Liability Company shall commence upon the date of filing of these Articles of Organization with the Department of State of the State of Florida and shall thereafter be perpetual.

ARTICLE III – ADDRESS: The mailing address and street address of the Limited Liability Company are:

610 North Dixie Highway, Lantana, FL 33462

ARTICLE IV – REGISTERED AGENT: The name and the Florida street address of the registered agent are:

Michael G. Park, Esq., 610 North Dixie Highway, Lantana, FL 33462

Having been named as registered agent for the above stated limited liability company, I hereby accept the appointment as registered, agent and further states that I am familiar with and accept the obligations as registered agent as provided in Chapter 608, F.S.

(Signature of Registered Agent)

ARTICLE V - MANAGEMENT: The Limited Liability Company is to be managed by the members and is, therefore, a member-managed company.

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.

Michael G. Park, Esq.

Member's Authorized Representative

APPROV: