

Oct 06 03:58p

Division of Corporations

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

LIMITED LIABILITY COMPANY

EXTRA HEALTH, LLC

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

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Handwritten: 10-6-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
EXTRA HEALTH, LLC

ARTICLE II - Address:

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

Principal Office Address:

8635 NW 54 STREET

MIAMI, FL 33166

Mailing Address:

8635 NW 54 STREET

MIAMI, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FABIANA MONTUFAR

Name

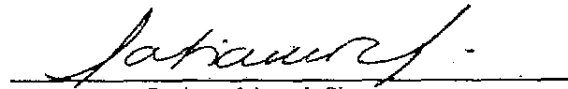
8635 NW 54 STREET

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

MIAMI FL 33166

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:
(((H03000291226)))

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FABIANA MONTUFAR

8635 NW 54 STREET

MIAMI, FL 33166

MGRM

JONATHAN RIVERO

8635 NW 54 STREET

MIAMI, FL 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

FABIANA MONTUFAR

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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