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A TODA SALUD LABRADA, LLC
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FROM: FAB CONSULTANTS, INC

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 19, 2004

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F.A.B. CONSULTANTS

SUBJECT: A TODA SALUD LABRADA, LLC REF: W04000038331

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# ARTICLES OF ORGANIZATION OF A TODA SALUD LABRADA. LLC A Limited Liability Company

#### ARTICLE I - NAME

The name of the limited liability company ("Company") is A TODA SALUD LABRADA, LLC.

## ARTICLE II - ADDRESS

The mailing address of the Company's principal office: 411 W 31 Pl Hialeah FL, 33012

## ARTICLE III - DURATION

The Limited Liability Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the company is earlier dissolved as provided in these Articles of Organization.

#### **ARTICLE IV - PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any or all lawful business for which a limited liability company may be organized pursuant to Chapter 608, Florida Statutes, as amended from time to time.

## ARTICLE V - MANAGEMENT

The Limited Liability Company is to managed by a manager or managers and the names and addresses of such manager, to serve as a successor or successors are elected and qualified as:

Malvys Labrada

411 W 31 Pl Ilialeah, FL 33012

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# ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

# **ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member in accordance with the Operating Agreement.

a k Signature of member or an authorized representative of a member

(In accordance with Section 608.408(3). Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

FABID ERSERT

Typed or printed name of signee



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#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is A TODA SALUD LABRADA, LLC

The name and Florida street address of the registered agent is: Herbert Fabio 11115 SW 134 Ct Miami, Fl 33186

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent to act in this capacity. I further agree to comply with the provision of 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

Herbert Fabio, Registered Agent

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