

L050000000891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

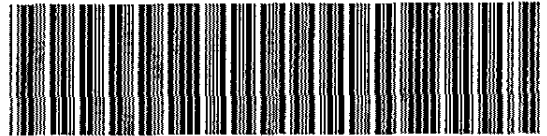
(Document Number)

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05 JAN -4 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. OmniSalud International L.L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF

OMNISALUD INTERNATIONAL L.L.C.

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TALLAHASSEE, FLORIDA

ARTICLE I. NAME:

The name of the Limited Liability Company is OMNISALUD INTERNATIONAL L.L.C.

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability  
is 2828 CORAL WAY SUITE # 300  
MIAMI FL 33145

ARTICLE III: REGISTERED OFFICE AND REGISTERED AGENT:

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

ROXANA G. OVANDO  
2851 N.W. 132nd TERRACE  
OPA-LOCKA FL 33054

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 property 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.

ARTICLE IV: MANAGEMENT OF THE ORGANIZATION BY BOARD OF MANAGERS.

ASTRID COSETT RAMIREZ DE MENDEZ	66 %
2851 N.W. 132nd TERRACE	
OPA-LOCKA FL 33054	
ROXANA G. OVANDO	34 %
2851 N.W. 132nd TERRACE	
OPA-LOCKA FL 33054	

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Registered Agent



Cont. Articles of Organization

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Dade-County, Florida, for the uses and purposes aforesaid, this 3 day of January, 2005

A handwritten signature in cursive script, appearing to read "Randy", is written over a horizontal line.

Manager