

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY
TOTAL HEALTH CENTER OF FLORIDA, LLC

5/20/25/0

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

TOTAL HEALTH CENTER OF FLORIDA LLC

ARTICLE I

The name of the Limited Liability Company shall: TOTAL HEALTH
CENTER OF FLORIDA LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited
Liability Company is: 5425 SOUTH SEMORAN BOULEVARD, SUITE 6,
ORLANDO, FL 32822

ARTICLE IV

The name of the Member(s) for this company shall be:

KELLYS SIERRA

SYKIU BARRENO

ANA CHRISTINA CORTEZ

ROSEMARY CRANDALL

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ARTICLE V

The name and the Florida street address of the registered agent are:
KELLYS SIERRA, 5914 G WINDHOVER DRIVE, ORLANDO, FL
32819

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ARTICLE IV

The name of the Managing Member(s) for this company shall be:

KELLYS SIERRA
30% UNITS

ROSEMARY CRANDALL
10% UNITS

ARTICLE V

The name of the Members for this company shall be:

ANA CHRISTINA CORTEZ
30% UNITS

SYKIU BARRENO
30% UNITS

ARTICLE VI

The name and the Florida street address of the registered agent are:
KELLYS SIERRA, 5914 G WINDHOVER DRIVE, ORLANDO,
FLORIDA 32819

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

Total Health Center of Florida, LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Kellys Sierra
Registered Agent

[Signature]
Signature of a member or an authorized representative of a member.

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(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.)

Kellys Sierra
Typed or printed name of signee

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