

**LD5000089427**

**Florida Department of State  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**HEALTH AND CARE GOODS, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HEALTH AND CARE GOODS, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

4315 NW 7 ST. STE. 51  
MIAMI FL 33126.

**Mailing Address:**

4315 NW 7 ST. STE. 51  
MIAMI FL 33126

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

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

ARJA ASSOCIATES, INC.

Name

4315 NW 7 ST. STE. 51

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

MIAMI

FL 33126

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ALBERTO BONFANTE PRESTON

DIAGONAL 145 # 30-50 INTERIOR 3 APT 206

BOGOTA, COLOMBIA.

MGR

GUILHERMO SENDE

CARRERA 35 # 105-24 APT 316

BOGOTA, COLOMBIA

MGR

CAROLINA CEVALLOS CASTILLO

CARRERA 35 # 105-24 APT 316

BOGOTA, COLOMBIA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

x

*A. Bonfante P*

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

(In accordance with section 608.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

x

Alberto Bonfante Preston

Typed or printed name of signer