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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
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

livingwell lady east pines, llc

Certificate of Status	0
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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Livingwell Lady East Pines, LLC**

ARTICLE II - Address:

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

Principal Office Address:

12216 SW 132 Ct.
Miami, FL 33186

Mailing Address:

Same

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

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

ALAN K. MARCUS, ESQ.

Name

**GABLES ONE TOWER, SUITE 1045
1320 SOUTH DIXIE HIGHWAY
Florida street address (P.O. Box NOT acceptable)**

**CORAL GABLES, FLORIDA 33146
City, State, and Zip**

Having been named a 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 in Chapter 606, F.S.


Registered Agent's Signature

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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

MORM - Managing Member

Name and Address:

MGRM - Cynthia Alonso

8701 SW 110 Street, Miami, FL 33176

MGRM - Yamil Meneses

15310 SW 8 Way, Miami, FL 33104

(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 603.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cynthia Alonso

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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