## L06000088322

(Rec	questor's Name)	
(, tec	1400101 0 11411107	
(Add	dress)	
( )		
(Add	iress)	
<b>V</b> 12.	,	
(City	//State/Zip/Phone	#)
	* *	•
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer	
Special matricularion		1
	-	/
. /	611	
. /	1 1/	ļ
	<i>y</i> ,	$\smile$

Office Use Only



800079253188

03/08/06--01010--017 \*\*155.00

RECEIVED

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87 <sup>TH</sup> AVENUE	
MIAMI, FL 33165 (305) 552-597	3
CORPORATION NAME(S) & DOCUMEN	Office Use Only  NT NUMBER(S), (if known):
1. WELLNESS 4 LIFE (Corporation Name)	Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time 2.  Mail out Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTICLE I - Name: The name of the Limited I	iability Company is: Nellness 4 Life, LLC
ARTICLE II - Address: The mailing address and st	reet address of the principal office of the Limited Liability Company is:
4225 S.W. 139 COT	RT, MIAMI, FL 33175
ARTICLE III - Registere	d Agent, Registered Office, & Registered Agent's Signature: 🤗
The name and the Florida	street address of the registered agent are:  Maria A. Cruz-McGary  Name  4225 S. W. 139 Courl  Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable)  Miami FL 33175  City, State, and Zip
liability company at the pare registered agent and agre statutes relating to the pro-	gistered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as e to act in this capacity. I further agree to comply with the provisions of all oper and complete performance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature
The Limited Liability therefore, a manager	• •
Mar Nan	IA A. CRUZ-MCBARY, MGRM

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

(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.)

Typed or printed name of signee I