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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NEW LIFE HEALTH CENTER LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of Limited Liability Company is:

NEW LIFE HEALTH CENTER LLC

(Must end with the words "Limited Liability Company," "Limited Company," or their abbreviation "LLC," or "LC")

THE ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

8567 SW 24 St Suite #288

8567 SW 24 St Suite #288

Miami, FL 33186

Miami, FL 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature: *(Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

Ana G Perez

Name
770 E 5 St

Florida street address (P.O. Box NOT acceptable)
Hialeah, FL 33010

City, State, and Zip

Having been named as registered agent and to accept the 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 obligation of my position as registered agent as provided for in chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(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

Eva M Alfonso
14540 SW 151 Terraces
Miami, FL 33186

MGR

Libra do Alfonso
9467 SW 151 Terrace
Miami, FL 33182

MGRM

Iris Rodelquez
14212 SW 91 St
Miami, FL 33186

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than date of filing: _____, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five Business day's prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Eva M Alfonso

Typed or printed name of signed