

**L07000043509**Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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To:

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

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Account Name : FASTKIT CORPORATE OUTFITS  
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07 APR 24 AM 8:51

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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
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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)**

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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 days 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