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Division of Corporations

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

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

MS

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALL-Better Bracing LLC

Certificate of Status	0
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Help

H07000211139 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ALL-Better Bracing LLC

ARTICLE II ADDRESS

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

3130 Sw 27th Ave #16

Miami Florida 33133

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

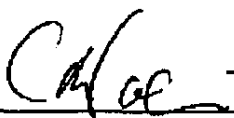
The name and the Florida street address of the registered agent are:

Carl R. Collins

3130 Sw 27th Ave #16

Miami Florida 33133

Having been named as registered agent 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..



Carl R. Collins Registered Agent's Signature

H07000211139 3

H07000211139 3

PAGE 2 ALL-Better Bracing LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)**MANAGING MEMBER**

Carl R. Collins

3130 Sw 27th Ave #16

Miami Florida 33133

MANAGING MEMBER

Michael DeCardenas

6641 SW 64th St.

Miami Florida 33143

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x 

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.

NAME OF SIGNER Carl R. Collins
Typed or printed name of signee

H07000211139 3