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(Address)

(City/State/Zip/Phone #)

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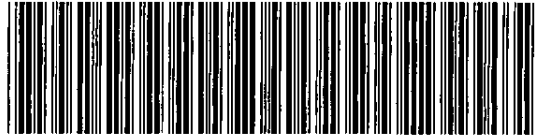
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W08-2853



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA Thomas FEB -5 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naturalessa Svelta, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antolin J. Perez, MD

(Name of Person)

Naturalessa Svelta, LLC

(Firm/Company)

1340 Cleveland Road

(Address)

Miami Beach, Florida 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Antolin J. Perez, MD

(Name of Person)

at (305) 761 8232

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
266J Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

ANTOLIN J PEREZ MD
1340 CLEVELAND ROAD
MIAMI BEACH, FL 33141

SUBJECT: NATURALESSA SVELTA, LLC
Ref. Number: W08000002853

We have received your document for NATURALESSA SVELTA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 608A00003768

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Naturalessa Svelta, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Antolin J. Perez, MD

Mailing Address:

1430 Cleveland Road, Miami Beach Florida 33141

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

(The 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:

Antolin J. Perez, MD

Name

1430 Cleveland Road

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach Florida 33141

City, State, and Zip

Having been named as 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 for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE FLORIDA

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

Antolin J. Perez, MD

1430 Cleveland Road

Miami Beach Florida 33141

MGRM

Juan Ignacio Piza

2475 NW 95 Ave.

Doral, Florida 33172

MGRM

Carmen Raney

2475 NW 95 Ave.

Doral, Florida 33172

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

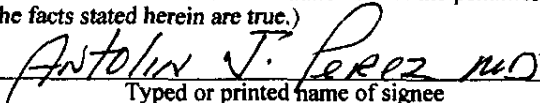
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)


Typed or printed name of signee

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)