

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124 Phone

Fax Number : (561)455-9885

ORIDA/FOREIGN LIMITED LIABILITY C

Salud Y Bienestar LLC

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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:

SALUD Y BIENESTAR LLC

ARTICLE II ADDRESS

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

4199 NW 76TH AVE DAVIE, FLORIDA 33024

<u>REGISTERED AGENT, REGISTERED OFFIC</u> REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent a

MARTHA L JARA 16480 SOUTH POST ROAD #102 **WESTON, FLORIDA 33331**

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 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.

legistered Agent's signature

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SALUD Y BIENESTAR 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 Y MEMBERS (optional)

Managing Member MARTHA L JARA 16480 SOUTH POST ROAD #102 **WESTON, FLORIDA 33331**

Managing Member MARIA HELENA RAMOS 7134 STIRLING ROAD HOLLYWOOD, FLORIDA 33024

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.

MARTHA L JARA