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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : T20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

REJUVENARE, 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:

REJUVENARE, LLC

**ARTICLE II      ADDRESS**

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

919 5TH AVENUE PARKWAY S  
NAPLES, FLORIDA 34102

**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

CARLO VELARDE  
919 5TH AVENUE PARKWAY S  
NAPLES, FLORIDA 34102

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.

X Carlo Velarde

CARLO VELARDE / Registered Agent's signature

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**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

ARMANDO CASCIATI

919 5TH AVENUE PARKWAY S

NAPLES, FLORIDA 34102

MANAGING MEMBER

CARLO VELARDE

919 5TH AVENUE PARKWAY S

NAPLES, FLORIDA 34102

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.....

x Carlo Velarde

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.

CARLO VELARDE

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