

L09000089881

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000202298 3)))



H090002022983ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

FILED
09 SEP 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JALE HEALTH, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

SEP 18 2009

EXAMINER

RECEIVED
09 SEP 17 AM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09 000202 2983

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

JALE HEALTH, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

JALE HEALTH, LLC.

ARTICLE II - ADDRESS

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

**4920 NW 79 AVE # 307
DORAL, FL. 33166**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

JOSE LUIS ROCCA

4920 NW 79 AVE # 307

Florida street address (P.O.BOX NOT acceptable)

DORAL, FL. 33166

City, State, and Zip

FILED
09 SEP 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

H09 000202 2983

109 000 202 2983

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..

Jose Luis Rocca
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JOSE LUIS ROCCA
4920 NW 79 AVE # 307
DORAL, FL. 33166

MANAGER

LILIANA ROSSI
4920 NW 79 AVE # 307
DORAL, FL. 33166

MANAGER

(An additional article must be added if an effective date is requested)

Jose Luis Rocca
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.)

JOSE LUIS ROCCA
Typed or printed name of signee

FILED
09 SEP 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

109 000 202 2983