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Fax Number : (850)617-6383

L. SELLERS

From: Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.  
Account Number : I20030000135  
Phone : (305)448-4344  
Fax Number : (305)448-7887

JUL 21 2010

EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
MEXICO LIFETIME WELLNESS, LLC

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**ARTICLES OF ORGANIZATION FOR  
MEXICO LIFETIME WELLNESS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company shall be **MEXICO LIFETIME WELLNESS, LLC** (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company shall be 2333 Ponce De Leon Blvd, Suite 3002, Coral Gables, Florida 33134.

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is: Roland Sanchez-Medina Jr., Sanchez-Medina, Gonzalez & Quesada LLP, 2333 Ponce de Leon Blvd., Suite 302, Coral Gables, Florida 33134.

**ARTICLE IV - MANAGEMENT**

The Company will be a manager-managed company.

*Having been named as registered agent and to accept service of process for the above-stated 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 of registered agent as provided for in Chapter 608, F.S.*



\_\_\_\_\_  
Roland Sanchez-Medina Jr.



\_\_\_\_\_  
Roland Sanchez-Medina Jr., as authorized representative

(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.)

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