

**L11000051221333**

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.

((H11000051221 3))



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

From: Account Name : BLANCO ACCOUNTING I, INC.  
 Account Number : I20100000060  
 Phone : (305) 828-1148  
 Fax Number : (305) 828-1709

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**FLORIDA LIMITED LIABILITY CO.  
INVERSIONES SALSALUD, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**D. BRUCE**

FEB 28 2011

**EXAMINER**

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EFFECTIVE DATE 2/17/11

02/25/11



February 21, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLANCA ACCOUNTING I, INC.

SUBJECT: INVERSIONES SULSALUD, L.L.C.  
REF: W11000010157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000043798  
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INVERSIONES SULSALUD , L.L.C.

(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:**

10373 S W 88 STREET APT H 5  
MIAMI FL 33178

**Mailing Address:**

10373 S W 88 STREET APT H 5  
MIAMI FL 33178

**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:

CARLOS EDUARDO SULBARAN PEREZ

Name

10373 S W 88 STREET APT H 5

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

MIAMI FL 33176

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

EFFECTIVE DATE 2/17/11

**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

CARLOS EDUARDO SULBARAN PEREZ

10373 S W 88 STREET APT H 5

MIAMI FL 33178

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/17/2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CARLOS EDUARDO SULBARAN PEREZ**

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)

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