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### FLORIDA LIMITED LIABILITY CO. A HEALTHY YOU LLC

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# ARTICLES OF ORGANIZATION OF A Healthy You LLC

The undersigned members of these Articles of Organization hereby form a limited liability company pursuant to FLORIDA STATUTES §608 et. seq., as amended:

#### ARTICLE I - NAME OF THE COMPANY

The limited liability company shall be known as: A Healthy You LLC

#### ARTICLE II - MAILING AND STREET ADDRESS

The mailing and street address of the limited liability company shall be: 4743 Blue Pine Circle, Lake Worth, Florida 33463.

#### ARTICLE III - REGISTERED AGENT

The registered agent and registered office of the limited liability company shall be: John T. Paxman, P.A., 1832 North Dixie Highway, Lake Worth, Florida 33460.

#### ARTICLE IV - INITIAL MEMBERS

The initial members shall be Katherine Law of 4743 Blue Pino Circle, Lake Worth, Florida 33463 and Elsa Velez of 2345 Cypress Road, West Palm Beach, Florida 33409, who shall also be the Managing Members of the Company.

#### ARTICLE V - MANAGEMENT

The limited liability company is to be member managed company.

In accordance with FLORIDA STATUTES §608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

John T. Paxman, Organizer

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of §608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the limited liability company is: A Healthy You LLC
- 2. The name and address of the registered agent and office of the limited liability company is: John T. Paxman, P.A., 1832 North Dixie Highway, Lake Worth, Florida 33460.

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.

John T. Paxman

Its President John T. Paxman

Registered Agent

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SEGRETARY OF STATE

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