#0956 P.001/003

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To:

Division of Corporations

Fax Number : (850) 617-6383 .

Account Name . : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973; Fax Number : (305)220-1440

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. THE SALUBRITY GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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JUN 2 8 2012

T. HAMPTON

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ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
The Salubrity Grav (Must end with the words "Limi	of LLC. ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10007 COSTO del Sal 610 DOIN FI 33178	9
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Diego 1	M. A RIAS.
Florida DORAL	ty, 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 eaccept 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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			0			. O. C	,		\ _/	

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mamber	Name and Address:
NGRM	DIEGO M ARIAS 10007 COSTA DEL SOL BLUD DOTAL FL 33178
meen	Lionel Andrec 10007 COSTA DEL SOL BLVI DORAL FL 133178
_ MGRM	SEDASTIAN HERRERA 10007 LOSTA DEL SOL BLVD DORAL FL 33178
(Use attachment if necessary)	d 't
CLE V: Effective date, if other than the	he date of filing:
	be specific and cannot be more than five business days
	ξ.
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

1.

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Pyped or printed name of signee

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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