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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
AYUR FOR YOU, LLC**

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

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JAN 16 2013
J. BRYAN

H13000010098

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Ayur For You, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II – Address:

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

Principal Office Address:11461 SW 41 Terrace
Miami, FL 33165**Mailing Address:**11461 SW 41 Terrace
Miami, FL 33165**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:

Ismayda Luis
Name11461 SW 41 Terrace
Florida Street address (P.O. Box NOT acceptable)Miami, FL 33165
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 the 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..


x _____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000010098

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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:

MGRM

Ismayda Luis
11461 SW 41 Terrace
Miami, FL 33165

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Monday, January 14, 2013. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X 
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.)

Ismayda Luis
Typed or printed name of signee

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Monday, January 14, 2013, Gabriel Rodriguez the Member, who is personally known to me and who did take an oath.

Gabriel Rodriguez, Notary Public
State of Florida at Large

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