

L14000071429

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
INNOVA SALUD LLC**

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

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14 MAY 11 AM 9:16

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

MAY 02 2014
J. HARRIS

H14000104096

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVA SALUD LLC

(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:Mailing Address:888 S Douglas Rd
UNIT 916
Coral Gables, FL 33134888 S Douglas Rd unit 916
Coral Gables, FL
33134

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:

Marianela Jimenez-de Galli
Name888 S Douglas Rd, unit 916,
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33134
City 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 605, F.S.

Marianela de Galli
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

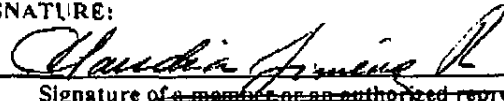
MGR MMGR MMGR MName and Address:Marianela Jimenez-de-Galli
888 S Douglas Rd, Unit 916
Coral Gables, FL, 33134CLAUDIA Jimenez-Regalado
888 S Douglas Rd, Unit 916
Coral Gables, FL, 33134SOCAP CORP
888 S Douglas Rd, Unit 916
Coral Gables, FL, 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

CLAUDIA Jimenez-Regalado

Typed or printed name of signee

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