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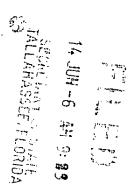
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COVER LETTER

	TO: Registration Section Division of Corporations
	SUBJECT: MED-LIFE HOLDING COMPANY, LLC Name of Limited Liability Company
	The enclosed Articles of Organization and fec(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	LEN JOHNSON
	Name of Person
	IOUNGON & APPOCIATES
	JOHNSON & ASSOCIATES Firm/Company
	3600 S. STATE RD 7, STE 232
	Address
	MIRAMAR, FL 33023
	City/State and Zip Code
	LMJ@ACCOUNTANT.COM E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	TN (011)(01)
	LEN JOHNSON at (305) 318-1007 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
ב	☐ \$125.00 Filing Fee
	Mailing Address Street/Courier Address
	Registration Section Registration Section
	Division of Corporations Division of Corporations

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MED-LIFE HOLDING COMPANY, LLC (Must end with the words "Limi	ted Liability Company, "L.L.C"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	ıl office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
401 NW 46TH AVE PLANTATION, FL 33317	401 NW 46TH AVE PLANTATION, FL 3331	7
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra The name and the Florida street address of the register LEALUE DEFENS	wn Registered Agent. You must ontion.)	
LEMUEL PIERRE Na	ame	
401 NW 46TH AVE		Constitution of the same
Florida street address (P.O. I	Box NOT acceptable)	
PLANTATION	FL 33317	
City	Zip	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	LEMUEL PIERRE
	401 NW 46TH AVE
	PLANTATION, FL 33317
	•
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	•
(Use attachment if necessary) E V: Effective date, if other than the date	e of filing:
E V: Effective date, if other than the date	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6)	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be spor filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation and	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the regularities of perjury that the facts stated herein are true
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for the section	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for the section	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of Statemay as provided for in s.817.155, F.S.)

Page 2 of 2