

# L14000093960

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000136780 3)))



H140001367803ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

\*\*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. HEALTHY & PRETTY, LLC

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

RECEIVED

14 JUN 11 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN 11 AM 9:49  
FILED  
TALLAHASSEE, FLORIDA

JUN 12 2014

H14000136780

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HEALTHY & PRETTY, 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:**8961 SW 72nd ST Apt 322MIAMI, FL 33173**Mailing Address:**8961 SW 72nd ST Apt 322Miami, FL 33173**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:

ALBERTO ALVAREZ-GINZO

Name

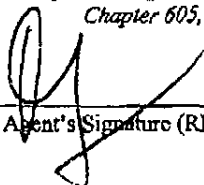
8961 SW 72nd ST Apt 322Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL33173

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.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2014 JUN 11 AM 9:49  
CLERK OF DISTRICT COURT  
THIRTEENTH JUDICIAL CIRCUIT  
TALLAHASSEE FLORIDA

H14000136780

H14000136780

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

ALBERTO ALVAREZ-GINZO, MGR

8961 SW 72nd ST Apt 322

Miami, FL 33173

(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.)

ALBERTO ALVAREZ GINZO

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
2014 JUN 11 AM 9:49  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

H14000136780