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Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
ULTIMATE YOU INSTITUTE, LLC.**

Certificate of Status	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ULTIMATE YOU INSTITUTE, LLC.**

**Effective Date: 02/19/2015**

**FEIN: 47-1273259**

**ARTICLE II - Addresses:**

**The Principal Place of Business**

698 N. Homestead Blvd.  
Suite 100  
Homestead, Florida 33030

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are:

**Luis M. Hernandez**  
11845 SW 187<sup>th</sup> Street  
Miami, Florida 33177

**ARTICLE IV-**

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

**Mgr.**  
**Luis M. Hernandez**  
11845 SW 187<sup>th</sup> Street  
Miami, Florida 33177

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**ARTICLE V-**

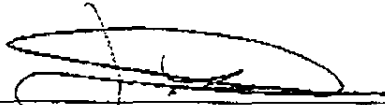
The Purpose(s) for which this Limited Liability Company is organized is (are):

**Educational Services, Consulting, Life Coaching, and any other legal activities allowed by the Law of the United States of America.**

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**Required Signatures:****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.

Luis M. Hernandez

**Typed or printed name of signee**

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)**

Luis M. Hernandez

**Typed or printed name of authorized representative of Registered Agent**