

L15000071214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2015 APR 13 PM 12:27  
141 Avenue B, Suite 100  
St. Paul, MN 55102

St. Paul, MN 55102

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salus Consors Enterprise LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannette Flores

Name of Person

Salus Consors Enterprise LLC

Firm/Company

18965 NW 62nd Ave #210

Address

Hialeah, FL 33015

City/State and Zip Code

jeannette.medsales@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannette Flores

Name of Person

at ( 786 ) 473-7193

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salus Consors Enterprise 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:

18965 NW 62nd Ave  
# 210  
Hialeah, FL 33015

Mailing Address:

18965 NW 62nd Ave  
# 210  
Hialeah, FL 33015

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:

Jeannette Flores

Name

18965 NW 62nd Ave #210

Florida street address (P.O. Box **NOT** acceptable)

Hialeah

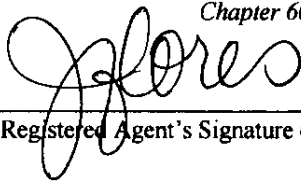
City

FL

33015

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)

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2015 APR 13 PM 12:27  
MAR 16 2015  
HIALEAH, FL 33015

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

AMBR

AMBR

Jeannette Flores

18965 NW 62nd Ave #210

Hialeah, FL 33015

Juan Arredondo

324 West 25th Street #15

Miami Beach, FL 33140

Mares

Jeannette Flores

Typed or printed name of signee

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