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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tvattikuti@gmail.com

FLORIDA LIMITED LIABILITY CO.
GISELA HEALTH LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



January 28, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AKERMAN LLP

SUBJECT: GISELA HEALTH LLC
REF: W16000006127

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Registered Agents and AMER's name are not legible.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H16000021461
Letter Number: 216A00001905

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gisela Health 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:Builditbase
120 SW 8th St.
Miami, FL 33130Mailing Address:1100 S MIAMI AVE APT 4208
MIAMI, FL 33130

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:

Tarvi Vattikutu Abbhi

Name

1300 Brickell Bay Drive, #2902Florida street address (P.O. Box NOT acceptable)Miami, FL 33131

City

State

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.

Tarvi Vattikutu Abbhi

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

AMBR**Name and Address:**Tanvi Vattikuti Abbhi1300 BRICKELL BAY DR APT 2902
MIAMI FL 33131AMBRNORA ZETSCHKE1100 SWIAHI AVE APT 425 4208
MIAMI FL 33130

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

NORA ZETSCHKE

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)

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TALLAHASSEE FL 32304
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