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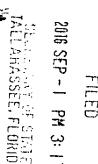
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC:	Spa Rx of Miami, LLC.		
SUBJEC		Limited Liabilit	y Company
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:
	Ana J. Fandino		
		Name of I	Person
	Spa Rx of Miami, LLC.		
		Firm/Con	npany
	9470 SW 35th Street		
		Addre	SS
	Miami, FL 33165		
	anajfandinomdpa@yahoo.com	City/State and	Zip Code
		sed for future ar	nual report notification)
For further	information concerning this matter, ple	ease call:	
	Ana J. Fandino, MD	786	389-9475
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	•	Certifie	SFiling Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) [(2	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 SEP - 1 PM 3: 17

TALLAHASSEE, FLORIDA

Spa Rx of Miami, 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:	Mailing Address:		
c/o Ana J. Fandino	c/o Ana J. Fandino		
9470 SW 35th Street	9470 SW 35th Street		
Miami, FL 33165	Miami, FL 33165		

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:

Ana J. Fandino, M.I.)	
	Name	
9470 SW 35th Stree	t	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33165
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Mo	anha.	o manage and control the Limit	c.c.	• 11 3.
"MGR" = Manager	smoei		TALLSon	NY OF STAT SEE. FLORI
AMBR		Ana J. Fandino	19 TELNIAS	SEE, FLORI
		9470 SW 35th Street		_
		Miami, FL 33165		-
				
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)