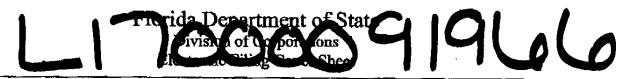
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| To:              |   |
|                  | Division of Corporations                              |
| ے د<br>د<br>د    | Fax Number : (850)617-6381                            |
| From:            |   |
| 4 <u>( )</u><br> | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. |
| <i>₽</i>         | Account Number : I20000000019                         |
|                  | Phone : (3 <del>8</del> 5)552-5973                    |
|                  | Fax Number : (305)675-5944                            |

annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO. GLOBAL WELLNESS SIGNATURE LLC

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

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APR 26 2017

H17000113178

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC.")

GLOGAL WELLNESS SIGNATURE LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

175 FONTAINED BLVO UNIT ZKE Z MIGMI, FL 33172

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Bubility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)

DAVIELA PINARGOTE Ramirez 175 Fontainebleau BLVD Unit 2166 Migmi FL 33171

#### ARTICLE IV-

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

Daniela Pinargote Ramirez
(AMBR)

#17000113178

## 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.

Typed or printed name of signec

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)