Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

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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:		 	

FLORIDA LIMITED LIABILITY CO. MENTAL AND RELATIONAL WELLNESS, LLC

Certificate of Status	1		
Certified Copy	0		
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Estimated Charge	\$130.00		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The frame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC.," or "LLC.")
MENTAL And RElational Wellness, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 21351 NW 39 Ave Mianu. FL 3:3055
ARTICLE III - Registered Agent. Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entitled an accive Florida registration.) Cabout Maria Cordona
21351 NW 39 Auc
Miami. FL 33055
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: (AMBR)
(AMBR)

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Required Signatures:

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

In accordance with section 604,0203 (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 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)