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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
GARES HEALTHY SOLUTIONS, LLC.**

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K. PAGE

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY  
COMPANY  
OF  
GARES HEALTHY SOLUTIONS, LLC.**

**ARTICLE I - Name**

*The name of the Limited Liability Company is:*

**GARES HEALTHY SOLUTIONS, LLC.**

**ARTICLE II - Address**

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

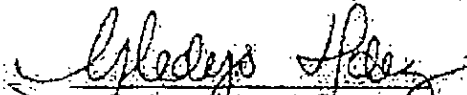
**1280 WEST 63<sup>rd</sup> STREET, HIALEAH, FL 33012**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

*The name and the Florida street address of the registered agent are:*

**GLEDYS HERNANDEZ  
1280 WEST 63<sup>rd</sup> STREET  
HIALEAH, FL 33012**

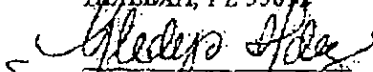
*Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
*Registered Agent's Signature*

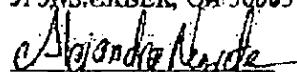
**ARTICLE IV – Management (Check box if applicable)**

*(x) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.*

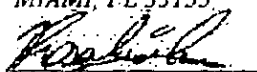
**GLEDYS HERNANDEZ  
1280 WEST 63<sup>rd</sup> STREET  
HIALEAH, FL 33012**

  
*Gledys Hernandez*

**ALEJANDRA NEGRETE  
510 MELLBROOK LN  
JUNES CREEK, GA 30005**

  
*Alejandra Negrete*

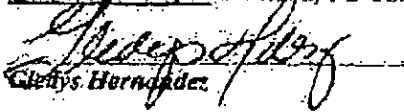
**ROSALINDA HERNANDEZ  
298 BEACON BLVD  
MIAMI, FL 33135**

  
*Rosalinda Hernandez*

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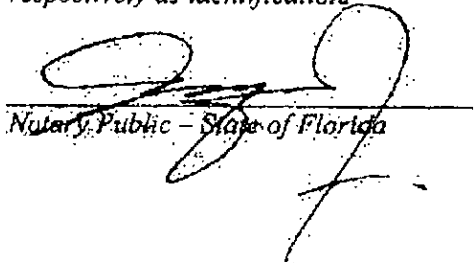
(In accordance with section 605.020(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this February 17, 2018 at Miami, FL US.

  
Gladys Hernandez

STATE OF FLORIDA  
COUNTY OF DADE

Sworn and subscribed before me, this 17th of February of 2018 at Miami, Fl by Mrs. Gladys Hernandez, who presented her FL Driver License No. H655-284-64-969-0 respectively as identification.

  
Notary Public - State of Florida

My Commission Expires:



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