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Florida Department of State
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To: Division of Corporations
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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.
A&U MED, LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR

A&U MED, LLC.

ARTICLE I NAME

The name of the Limited Liability Company is A&U MED, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the A&U MED, LLC is 6039 Collins Av. Maison Grande Apt. 1235, Miami Beach, Florida 33140.

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

ANGELA N. ULICI
6039 Collins Av. Maison Grande Apt. 1235
Miami Beach, Florida 33140.

Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby accept the

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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 and accept the obligations of my position as registered agent.



ANGELA N. ULICI
REGISTERED AGENT

ARTICLE VI
MANAGEMENT

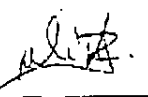
The Limited Liability Company is to be managed by Managing Member and the name and address of the Managing Member is:

ANGELA N. ULICI

6039 Collins Av. Maison Grande Apt. 1235
Miami Beach, Florida 33140.

ARTICLE VII
EFFECTIVE DATE

The effective date for this Limited Liability Company shall be October 19, 2018.



ANGELA N. ULICI
MEMBER

CLERK
JALAHASSILU

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is A&U MED, LLC.

The name and address of the Registered Agent and office is:

ANGELA N. ULICI
6039 Collins Av. Maison Grande Apt. 1235
Miami Beach, Florida 33140.

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 many duties, and I
am familiar with and accept the obligations of my positions as Registered
Agent.



ANGELA N. ULICI

October 19, 2018

DATE

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