

# Florida Department of State

## Division of Corporations

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCE  
REGISTRATION SERVICES

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. MEDICAL WELLNESS CENTER LLC.

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

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T. SCOTT

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

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

Medical wellness center LLC.

**ARTICLE II - Address:**

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

7235 Coral way Suite 213  
Miami FL 33155.

**ARTICLE III - Registered Agent, Registered Office:**

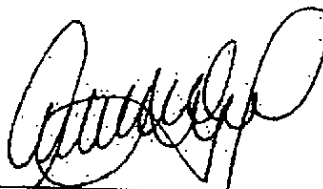
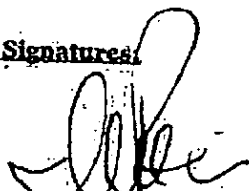
The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

7235 Coral way Suite 213.  
Miami FL 33155.  
Ilemis Rodriguez

**ARTICLE IV:**

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

Ilemis Rodriguez  
Arizay Alvarez

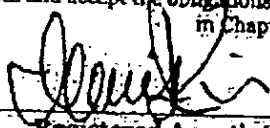
**Required Signatures****Signature of a member or an authorized representative of a member.**

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.

AMOR Ilemis Rodriguez Arizay Alvarez AMOR

**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)**