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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
DORAL COMMUNITY WELLNESS CENTER L.L.C

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

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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," "L.L.C.," or "LLC.")*

Donat Community Wellpass Center L.L.C.

ARTICLE II - Address:

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

8216 NW 145T
Donat, FL 33126

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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.)*

MANIA C. Rodriguez
969 W 43 ST
Hialeah FL 33012

ARTICLE IV:

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

Mania C. Rodriguez
AMBR

Required Signatures



Signature of a member or an authorized representative of a member

In accordance with Section 505.0003 (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.

Maria C. Rodriguez

Typed or printed name of signer

I, the undersigned, hereby accept and agree to accept service of process for the above stated name and address in the place designated on this certificate. I hereby accept the responsibilities of the position and agree to accept the liability for the proper and complete performance of my duties, and I understand and accept the obligations of my position as registered agent as provided for in Chapter 609, F.S.



Typed or printed name of Signer (REQUIRED)