

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1096

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.
GENETICS COACHING, LLC.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
GENETICS COACHING, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

GENETICS COACHING, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**245 NE 14TH ST APT 1511
MIAMI, FL. 33132**

The mailing address shall be:

**245 NE 14TH ST APT 1511
MIAMI, FL. 33132**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

XIMENA SUREDA

**245 NE 14TH ST APT 1511
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33132
City, State, and Zip**

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TALLAHASSEE, FLORIDA**

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

XIMENA SUREDA
245 NE 14TH ST APT 1511
MIAMI, FL. 33132

MANAGER

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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.)

XIMENA SUREDA

Typed or printed name of signee