Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Division of Corporations | Division of Core |
|-----|---|-------------------|
| | Fax Number : (850)617-6381 | Fax Number |
| | | |
| . • | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | Account Name |
| | Account Number : I20000000019 | Account Number |
| | Phone : (305)552-5973 | Phone |
| | Fax Number : (305)675-5944 | fax Number |
| | er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | annual report mai |
| | | |
| | Email Address: | Email Address: |

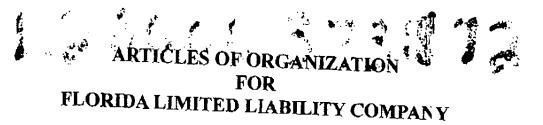
HEALTHY COMMUNITY CENTER, LLC

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

SElectronic Filing Menu

Corporate Filing Menu

Help



ARTICLE I - Name: The name of the Limited Liability Company is:

| Healthy Community Center, LLC | |
|--|--------------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | |
| 2804 Del Prado Blud 500th 103. Cape Coral Fl 33904 | <u>/</u> |
| ARTICLE III - Registered Agent, Registered Office: | - |
| The name and the Florida street address of the registered agent are: (.'he Limited Liability Company cannot serve as its own Registered Agent. You must designate an Individual or another husiness entity with an active Florida registration.) | |
| Teff Garcia | |
| 16453 SW 97 ST Miami, FL. 33196 | |
| | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | |
| Jeff García (AMBR) | |
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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.

Teff 6avcia
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)