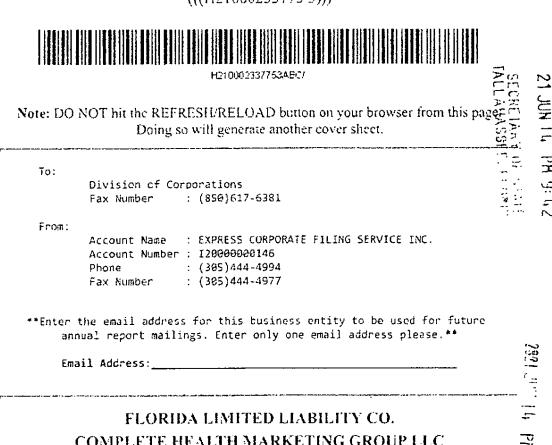
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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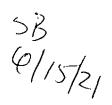


COMPLETE HEALTH MARKETING GROUP LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Help



ARTICLES OF	ORGANIZATION FOR FL	ORIDALIMITI	ED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:			
COMPLETE HEALT	TH MARKETING GROU	P LLC	of LC " "LC"	
(Must cont	ain the words "Limited Li	aointy Compar	iy, Lille, or Lee.	
ARTICLE II - Address: The mailing address and street ad	Mress of the principal off	ice of the Limit	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
446 MINORCA AVI	3		16 MINORCA AVE	
CORAL GABLES, F	L 33134	<u>c</u>	ORAL GABLES, FL 33134	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street)	eannot serve as its own R active Florida registration	tegistered Ager .)	st. You must designate an individual	or
	EDWARD CASTRO			27
		Name		A SE 2
	446 MINORCA AVE			₩ Z
	Florida street address	(P.O. Box <u>NO</u>	[acceptable)	- X-
	CORAL GABLES	FL.	33134	AHASAL AN NUT
	City	State	Zip	H. P.
place designated in this certificate, further agree to comply with the pr	. I hereby accept the appoi visions of all stantes reli	intment as regis ating to the pro	the above stated limited liability com tered agent and agree to act in this a per and complete performance of my nt as provided for in Chapter 605, F.	pany at the compactify. It duries, and I N
	Floring Services and the control of the Control		PARTY (REQUIRED)	
	Kegister	en witeur 2 218	nature (REQUIRED)	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ELVINA BIT CA STBO
AMBR	EDWARD CASTRO 446 MINORCA AVE
	CORAL GABLES, FL. 33134
(Use attachment if necessary) I.E.V: Effective date, if other than Rective date is listed, the date mu	the date of filing: (OPTIONAL) ist be specific and cannot be more than five business days prior to or 90 days after
I.E.V: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block doument's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 days after one meet the applicable statutory filing requirements, this date will not be listed
I.F. V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block do	ist be specific and cannot be more than five business days prior to or 90 days after one meet the applicable statutory filing requirements, this date will not be listed
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I.E.V: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block doument's effective date on the Dep LE VI: Other provisions, if any. REOURED SIGNATURE: Tawara Castro Data in Signature	est be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records.
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