

Florida Department of State
 Division of Corporations
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6/16/21
~~SP~~

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

From: Account Name : FOREIGN SOLUTION
 Account Number : I20200000036
 Phone : (786)599-4140
 Fax Number : (954)827-2771

2021 JUN 15 PM 3:07

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

Email Address: lazka@foreignsolution.com

**FLORIDA LIMITED LIABILITY CO.
 ANALYTICS HEALTH LLC**

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

2021 JUN 15 PM 12:56

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.")*

ANALYTICS HEALTH LLC

ARTICLE II - Address:

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

1033 NW 132 Court Miami Florida 33182

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.)*

FOREIGN SOLUTION 2.0 LLC

ARTICLE IV-

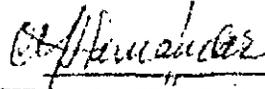
The name and title of each person authorized to manage and control the Limited Liability Company:

Marlene del Carmen Hernandez Pacheco

Jose del Carmen Reyes Koon Koon

10/15/2021 10:01:01 AM

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.

LAZKA GARRIDO

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)

10:51 AM - 6/15/21
DEPT OF STATE