cover street. Type the fax audit number (shown as Note: Please print this page an below) on the top and borrom of all pages of the document.

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To:

Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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. I-E CARE WELLNESS SERVICES LLC

Certificate of Status	1
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ARTICLE I - Name:

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22 FEB 24 AM IU: 34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALEAHASSEE, FLOREDS

ine name of the Lin	rited Liability Company	is:	
	-E GARE U	Dellness Services	1/1
ARTICLE II - Addre	88:		
Company is:	and street address of th	e principal office of the Limited Liability	
16452 Z	NW 89/1 d	+ Viani Lakes 33	0/8
			
	tered Agent, Registered (Orida street address of the win Registered Agent. You must desi- tion.)	Office: ne registered agent are: (The Limited Liability ignate an individual or another business entity	
<u>Irina</u>	Fonseca (Enz	
16452	NW 89th C	H Miami Cakes =13	 3018
ARTICLE IV The name and title of Liability Company: (I	each person authorized MGR or AMBR)	to manage and control the Limited	·
	NA Fonsio	D CRUZ (AMBR)	<u> </u>
			

Required Signatures:

22 FEB 24 AM 10: 34

SECRETARY OF STATE

Signature of a member the an authorized representative of a member.

In accordance with section 605.02d3 (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.

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

Signature (REQUIRED)

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