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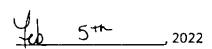
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2022 AFR -4 PM 3: 1



Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Cure 4 Lyfe, LLC

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for Cure 4 Lyfe, LLC, a Florida limited liability company, together with a check for \$125.00, made payable to the Department of State to cover the following fees:

Filing Fee - \$100 Registered Agent Fee - \$25

Thanks for your assistance in this filing. If you have any questions, please call me at (404) 458-1920. For purposes of all email correspondence, please use Cure4Lyfe@gmail.com.

Respectfully,

Nieya Cure - Member and Registered Agent 6335 S Williamson Blvd, #315 Port Orange, FL 32128



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of CURE 4 LYFE, LLC, A Florida Limited Liability Company

2022 APR -4 PM 3: 14

In compliance with the laws of the State of Florida, the undersigned does hereby form a limited liability company.

ARTICLE I - NAME AND PRINCIPAL OFFICE

The name of the company is **CURE 4 LYFE, LLC**. The principal office of the company shall be located at 6335 S Williamson Blvd, #315, Port Orange, FL 32128. The mailing address for the company is 6335 S Williamson Blvd, #315, Port Orange, FL 32128.

ARTICLE II - TERM OF EXISTENCE

The period of duration is perpetual. The company is organized pursuant to the Florida Revised Limited Liability Company Act. The date on which company existence shall begin is the date on which these Articles of Organization are filed with the Secretary of State of the State of Florida.

ARTICLE III - REGISTERED AGENT

The name and address of the initial registered agent and office of the company is: Nieya Cure, 6335 S Williamson Blvd, #315, Port Orange, FL 32128.

ARTICLE IV - OPERATING AGREEMENT

The Operating Agreement of the Company may be altered, amended, modified, or repealed in the manner set forth in the Operating Agreement.

ARTICLE V - AMENDMENTS

The Company reserves the right to amend or repeal any of the provisions contained in these Articles of Organization or any amendments hereto.

ARTICLE VI - MANAGEMENT

The Company will be member managed. The name and address of the person(s) authorized to manage this LLC is:

> Title: AMBR Nieya Cure

6335 S Williamson Blvd, #315, Port Orange, FL 32128

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE

1 am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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 I understand the requirement to file an annual report between January 1 and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Date: 2/5/2022 Signature: Nieva Cure

REGISTERED AGENT'S ACCEPTANCE OF APPOINTMENT

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.

Date: 2/5/2022 Signature: Nieur Cure