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**FLORIDA LIMITED LIABILITY CO.**
**LA SALUD INSURANCE, LLC**

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Second Request

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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

LA SALUD INSURANCE, LLC.., Florida Limited Liability Company

**ARTICLE II-Address**
The mailing address and street address of the principal office of the Limited Liability Company is:

Leydis De La Pena
9348 SW 146 Place
Miami, Florida 33186

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Leydis De La Pena
9348 SW 146 Place
Miami, Florida 33186

*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 her 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.*

Leydis De La Pena, Registered Agent

**ARTICLE IV-Management**
The limited liability company is to be managed by two managers and is, therefore, a manager-managed company.

**ARTICLE V- Effective Date:** The effective date of this Article of Organization is . Sept 8, 2022

Leydis De La Pena, Manager

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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