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Division of Corporations

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3. CHATHAM Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA LIMITED LIABILITY CO. LA SALUD INSURANCE, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	02		
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Corporate Filing Menu

Help

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 Miaml, Florida 33186

ARTICLE HI-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

Levdis De La Pona, 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.)

SECRUTARY OF STATE
DIVISION OF CORPORATIONS
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