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## FLORIDA LIMITED LIABILITY CO. LIVE4LIFE U.S.A. L.L.C.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LIFE U.S.A. L.L.C.			_
(Must	end with the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the Limiter	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
2100 SW 8th ST	#501 Miami, FL 33135		0 SW 8th ST #501 Miami, FL 33135	-
		<del></del>		-
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its own an active Florida registration	n Registered Agent. on.)	at's Signature: You must designate an individual or	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration eet address of the registered	n Registered Agent. on.) d agent are: Arencibia Gonzále:	You must designate an individual or	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration eet address of the registered	n Registered Agent. on.) d agent are:	You must designate an individual or	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration eet address of the registered	n Registered Agent. on.) d agent are: Arencibia Gonzále: Name	You must designate an individual or	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration eet address of the registered Mellssa	n Registered Agent. on.) d agent are: Arencibia Gonzále: Name	You must designate an individual or	
(The Limited Liability Companother business entity with	cannot serve as its own an active Florida registration eet address of the registered Mellssa	n Registered Agent. on.) d agent are: Arencibia Gonzále: Name	You must designate an individual or	
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration eet address of the registered Mellssa  2100 SW 8th ST #5  Florida street address	n Registered Agent. on.) d agent arc:  Arencibia Gonzále: Name  01 ss (P.O. Box NOT a	You must designate an individual or	

(CONTINUED)

Page 1 of 2

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MELISSA ARENCIBIA GONZALEZ
	2100 SW 8th ST #501 MIAMI. FL 33135
AMBR	ALBERTO SANZ ANANOS
	2100 SW 8th ST #50t MIAMI. FL 33135
<del></del>	
(Use attachment if necessary)	
ffective date is listed, the date must be : e of filing.)	ate of filing:  (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
ument's effective date on the Departme	nt of State's records.
LE VI: Other provisions, if any.	
<del></del>	



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

> Melissa Arencibia González Typed or printed name of signee

> > Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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