

**L23000037208**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000033695 3)))



H230000336953ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arod8723@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
NOZOMI SALUD USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2023 JAN 25 PM 12:15

23 JAN 25 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature*

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

**ARTICLE I**

*The name of the Limited Liability Company:*

**NOZOMI SALUD USA LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability Company is:*

**Principal and Mailing Address  
150 SE 2ND AVE STE 404  
MIAMI, FL 3313**

23 JAN 26 PM 10:35  
FILED

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

*(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

**R&P ACCOUNTING & TAXES, INC**

Name

**150 SE 2<sup>ND</sup> AVE SUITE 404**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and Zip*

*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*

X-----A-----

**Registered Agent's Signature (REQUIRED)**

2023 JAN 26 PM 10:35

23 JAN 26 PM 10:35

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

**The name and address of each Person authorized to manage and control the Limited Liability Company:**

**AMBR**

**THE MAGNOLIA INFINITY GROUP LLC**  
130 SE 2ND AVE STE #04  
MIAMI, FL 33131

**AMBR**

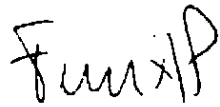
**HEKA SALUT**  
130 SE 2ND AVE STE #04  
MIAMI, FL 33131

**ARTICLE V**

**Effective date, if other than the date of filing (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED: SIGNATURE**

X



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

**Felipe Andrade Perafan**

**(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)**

23 JAN 26 PM 12:35

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**THE MAIN OBJECTIVE OF THE COMPANY IS:**

**ANY AND ALL LAWFULL BUSINESS**

23 JAN 26 PM 12:35