PAGE 01/03

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. ETERNITY LIFE CARE LLC

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Electronic Filing Menu

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Help

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ECRETARY DE STATE

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

Eternity Life Care LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

13301 5.W. 132 Avenue, Suite 102 Miami, FL. 33186

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity

Diana Finales Sugrez

13301 SW 132 AVE suite 102 Miami FL 33186

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Diana Finales Suarez

AMBR

Page 1 of 2

Required Signatures:

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

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. 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.

iana finales Suarez.

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 obligat ons of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)