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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

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## FLORIDA LIMITED LIABILITY CO. VITA LONGA WELLNESS CENTER LLC

| Certificate of Status | 1        |
|-----------------------|----------|
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Page !  | 8: 34  |
|---|--------|
|   | A.:.   |
|   | ,1.    |
| ·   | 2023 J |
| David Abyon AMBR  |        |
| Geisy Roca AMBR   |        |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  | l      |
| 3157 east ym ave malean A 33  | 013.   |
| Gelsy Roca  |        |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liable Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | ility  |
|   |        |
| 3157 east 4th ave thaleah f1 33013.   |        |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liabi Company is:  | lity   |
| Vita Longa Wellness Center LLC  |        |
| The name of the Limited Liability Company is:   |        |

## 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 penaltics 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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)