Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HU8CO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address:__marsellajimeno@gmail.com

FLORIDA LIMITED LIABILITY CO. HYDRAVIT HEALTH AND WELLNESS LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

HYDRAVIT HEALTH AND WELLNESS LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4105 SW 173RD AVE	4105 SW 173RD AVE
MIRAMAR, FL 33029	MIRAMAR, FL 33029

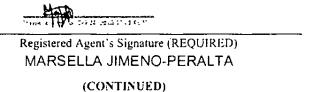
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

MARSELLA JIMENO-I	PERALTA
Na	me
4105 SW 173RD AVE	
Florida street address (P.O. I	Box NOT acceptable)
MIRAMAR	FL 33029
City	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..



Page 1 of 2

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AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	MARSELLA JIMENO-PERALTA
	4105 SW 173RD AVE MIRAMAR, FL 33029
Use attachment if necessary)	
V. Effective data if other than the data of Eli-	ng: (OPTIONAL)
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ctive date is listed, the date must be specific a filing.) VI: Other provisions, if any.	
Signature of a member of (In accordance with section 605.02)	or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State
Signature of a member of (In accordance with section 605.02)	or an authorized representative of a mem 03 (1) (b), Florida Statutes, the execution of