



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.

(((H24000039405 3)))



H240000394053ABC.

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

ĭo: Division of Corporations Fax Number : (850)617-6381 From: Account Name : BRINKLEY, MORGAN Account Number : 076077003213 Phone : (954)522-2200 Fax Number : (954)522-9123 CC N. 11 1202 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: <u>[]]]</u> FLORIDA LIMITED LIABILITY CO. NEW LIFE WELLNESS SPA, LLC ា 0 Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$125.00 Corporate Filing Menu Help \mathcal{O} Electronic Filing Menu

024 JLH 30

Ę

H 24000039405 3

ARTICLES OF ORGANIZATION

OF

NEW LIFE WELLNESS SPA, LLC a Florida limited liability company

ARTICLE I - Company Name

The name of the Limited Liability Company is NEW LIFE WELLNESS SPA, LLC.

ARTICLE II - Duration

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Mailing Address of Company

The mailing address and street address of the principal office of the Limited Liability Company is 13903 NW 67th Avenue, Suite 440, Miami Lakes, FL 33014.

ARTICLE IV - Registered Agent and Registered Agent Address

The name and address of the initial registered agent for this Limited Liability Company is William S. Kramer, Esq., One Financial Plaza, 100 S.E. 3rd Avenue, 23rd Floor, Fort Lauderdale, FL 33394.

ARTICLE V - Management

The Limited Liability Company is to be manager-managed. The name and address of the initial manager who shall serve as manager of the Limited Liability Company, until her successor is named and qualified or her resignation is:

Anais B. Cortes, 13903 NW 67th Avenue, Suite 440, Mlami Lakes, FL 33014.

H 24000039405 3

IN WITNESS WHEREOF, the undersigned authorized member has executed these Articles this ______ day of January 2024.

Anais B. Cortes Manager Authorized Signatory

后11.57) 2024 JAN 30 AH 8: 21:

H 24000039405 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.021, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NEW LIFE WELLNESS SPA, LLC; a Florida limited llability company

The name and address of the registered agent and office is:

William S. Kramer, Esq. One Financial Plaza 100 S.E. 3rd Avenue, 23rd Floor Fort Lauderdale, FL 33394

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.

William S. Kramer

(Signature)

