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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 : (305)871-0889 Fax Number : (305)870-9623

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO. DISCOVER YOURSELF WELLNESS, LLC

Certificate of Status Certified Copy 0 Page Count 04Estimated Charge \$130.00

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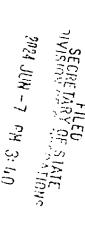
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SUBJEC	т:			-,			
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The enclo	osed Articles of	Organization and feet	(s) are	submitted	for filing.		
Please ret	urn all corresp	ondence concerning th	is mat	tter to the	offowing:		
	YANELLE	M BARINAS					
		····					
				Name of	Ben		
	BARINAS	AND ASSOCIATES	S INC	C			
				limtCc		<u> </u>	
	5701 NW 36 ST						
				Ath	<u> </u>		
	VIRGINIA	GARDENS, FL 33	3166				
	JBARINAS@	BARINASASSOCIA			d Zip Code	-	
	-	E-mail address: (to be	used 1	for future (innual report notifica	tion)	
For further	information co	ncerning this matter, p	olease	call:			
YANELLE M BARINAS 305		5	871-0889				
			n (.)		
	Dán	B of Person	Аг	ea Code	Daytime Telepho	ne Number	
Enclosed	is a check for t	he following amount:					
□\$125.0	O Filing Fee	⊠\$130.00 Filing For Certificate of Statu	ce &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is end (sec)	

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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



From Yanelle Barinas

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DISCOVER YOURSELF WELLNESS, LLC

(Must contain 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:

4585 PONCE DE LEON #504 CORAL GABLES, FL 33146 4585 PONCE DE LEON #504 CORAL GABLES, FL 33146

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:

ILEANA E. PINO		
	מואה	
4585 PONCE DE L	EON #504	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
CORAL GABLES	FL	33146
G_{V}	State	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. Thereby accept the appointment as registered agent and agree to act in his 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 Outer 605, ISS

Registered Agent's Signature (42.0) (12.1)

(CONTINUED)

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From Yanelle Barinas

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The name and address of each person authorized to manage and control the Limited Liability Company;

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ROSANNA MARIE
AMBR	ILEANA E. PINO 10093 SW 144 AVE MIAMI, FL 33186
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing:
ARTICLEVI: Other provisions, if any,	
REQUIRED SIGNATURE:	Cleana Pino
This document is executed an aware that any falso	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
ILEANA_EP	INO Typed or printed name of sign c