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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. SMALL LIGHTS THERAPY LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

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Help

ARTICLES OF ORGANIZATION FOR FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C." or "LLC.")

SMALL LIGHTS THERAPY LLC

ARTICLE II - Address:

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

15330 SW 148 TH Ter, Miami FL, 33196

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 with an active Florida registration.)

Karliz de los Angeles Prieto Moran - 15330 SW 148 TH Ter, Miami FL, 33196.

ARTICLE IV-

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

Karliz de los Angeles Prieto Moran-AMBR

SECRETARY OF STATE

Required Signatures:

Karliz Prieto

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.

Karliz de lo<u>s Angeles Prieto Moran</u>

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..

> Karling Pristo Registered Agent's Signature (REQUIRED)