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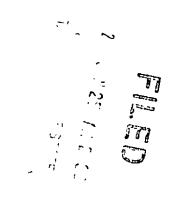
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. J.H 717/24

COVER LETTER

TO: New Filing Section Division of Corporations ;
SUBJECT: Republic Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren Virelles Granados
Name of Person
Firm/Company
3511 Pameral Dr. #304
Wellington, FL 33414
Wellington, FL 33414 City/State and Zip Code Virelles 914 @ 9Mail- COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lauren V. Granados ar (561) 313-6044
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ejuvity, LLC		_
(Must con	tain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal office o	f the Limited Liability Company is:	
	oal Office Address:	Mailing Address:	
3511 Pamero	1 Dr. #304	3511 Pamerol Dr. #304 Wellington, FL 33414	
Wellington,	FL 33414	Wellington, FL 33414	_
another business entity with an	y cannot serve as its own Registration.)	tered Agent. You must designate an individual or	
(The Limited Liability Compan	y cannot serve as its own Regis active Florida registration.) address of the registered agent	tered Agent. You must designate an individual or are:	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registration.) address of the registered agent Lauren Virelle Nam	are:	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registration.) address of the registered agent Lauren Virelle Nam	are:	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) address of the registered agent	are: SG1anadOS c Dr. # 304	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registration.) address of the registered agent Lauren Virelle Nam 3511 Pemerol Florida street address (P.O.)	are: S Granados e Dr. # 304 Box NOT acceptable)	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registration.) address of the registered agent Lauren Virelle Nam 3511 Pemerol Florida street address (P.O.)	are: SG1anadOS c Dr. # 304	

(CONTINUED)

	Title: "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager AMBR / MUR	Lauren V. Granados 3511 Pomeroi Dr. +304 Willington I FL 33414		
	<u></u>			
	(Use attachment if necessary)			
e date o <u>ote:</u> lf	of filing.)	date of filing: (OPTIONAL) re specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as		
c docu	ment seriective date on the Beparts	The of State 3 feedbas.		

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lauren V. Granados
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)