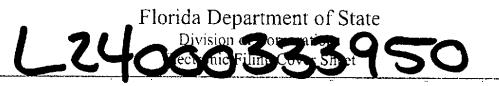
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Division of Corporations



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# FLORIDA LIMITED LIABILITY CO. SALUD Y VIDA FARMACIAL LATINA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## SALUD Y VIDA FARMACIAL LATINA 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:
1550 W 84TH St #62, HIALEAH, FL 33014	SAME

# 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:

MIRTHA GONZA	LEZ	
	Name	
1550 W 84TH \$T	<sup>-</sup> #62	
Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)
HIALEAH	FL	33014
City	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, 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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" - Manager	Name and Address:
AMBR	MIRTHA GONZALEZ 1550 W 84TH ST #62, HIALEAH, FL 33014
····	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be see date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
e document's effective date on the Departmen	
RTICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

MIRTHA GONZALEZ

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.

MIRTHA GONZALEZ

Typed or printed name of signee