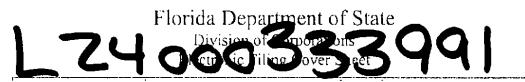
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Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. FARMACIAL LATINA SALUD Y VIDA LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FARMACIAL LATINA SALUD Y VIDA 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:

Princip	oal Office Address:			Mailing Address:
1550 W 84TH St #	62, HIALEAH, FL 3	33014	SAME	
Ware				
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	/ cannot serve as its o active Florida registra	wu Registered ation.)	ed Agent's Signa Agent, You must	ture: designate an individual or
	MIRTHA GONZ	ALEZ		
		Name	· · ·	
	1550 W 84TH S	T #62		
	Florida street add	ress (P.O. Box	NOT acceptable)	
	HIALEAH	FI	3301	А

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..

State

7.ip

City

MIRTHA GONZALEZ
with A GONZALEZ
Registered Agent's Signature (REQUIRED)

(CONTINUED)

	ii IBR" = Authorized M IR" = Manager	ember	Name and Address:		
<u>1A</u>	MBR	ML 15 —	MIRTHA GONZALEZ 550 W 84TH ST #62, HIALEAH, FL 33014		
		Annana Visidana			
(Us c	attachment if necessa				
lf an effective he date of fili: <u>Note:</u> If the d	e date is listed, the da ng.) late inserted in this blo	te must be specific a ock does not meet the	g:		
	s effective date on the Other provisions, if a	·	2's records.		

REOURED SIGNATURE:

MIRTHA GONZALEZ

MIRTHA GONZALEZ

MIRTHA GONZALEZ

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