Fax: 13057143014

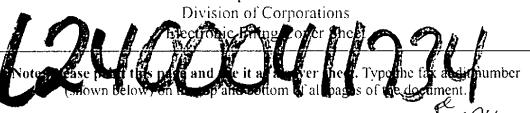
To Division of Corporations Fax: (850) 617-6381

Division of Corporations

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Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CUSI CONSULTING, INC.

Account Number : I20230000150 Phone : (786)616-3495 Fax Number : (305)714-3014

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.

JZ Wellness and Spa, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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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..

Registered Agentis Signature (REQUIRED)

(CONTINUED)

Docusign Envelope ID: 1AE4C6EF-ACDC-470F-BEBE-45B38C0DB343

ARTICLE IV-

The name and address of eacl	person authorized to manage and contro	ol the Limited Liability Company:
------------------------------	--	-----------------------------------

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Denislevdis Denis 149 Ponce de Leon Street Royal Palm Beach, FL 33411	
AMBR	Yaima Rubio 149 Ponce de Leon Street Royal Palm Beach, FL 33411	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date from effective date is listed, the date must be specified attention.)	te of filing:	s afte
he document's effective date on the Department RTICLE VI: Other provisions, if any.		isted F
reouired signature:	Denisleydis Denis	<u>-</u>
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. Ented in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
_	evdis Denis 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)