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Division of Corporations

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

From: Account Name : CORPGLICENSE, INC
Account Number : 110050000118
Phone : (305)774-9686
Fax Number : (305)774-9660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kvelazg@hotmail.com

**FLORIDA LIMITED LIABILITY CO.
NKA WELLNESS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
NKA WELLNESS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

NKA WELLNESS, LLC

ARTICLE II - ADDRESS:

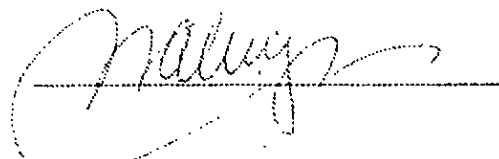
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 3934 SW 8th Street # 308
Coral Gables, Florida 33134**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **NANCY-KAREN ALVAREZ** ;

**NANCY KAREN ALVAREZ
3934 SW 8th Street # 308
Coral Gables, Florida 33134**



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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	NANCY-KAREN ALVAREZ 3934 SW 8th Street # 308 Coral Gables, Florida 33134



Nancy-Karen Alvarez
Manager

11/01/2024

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(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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