

### Florida Department of State

**L24000352478**  
Division of Corporations  
Electronic Filing Cover Sheet

Please print the payment amount as shown on this cover sheet. Type the fax number (shown below) on the top and bottom of all pages of the document.

(((H24000274288 3)))

8-16-24



H240002742883ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

\*\*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. INFINITY HEALTHY LIFE LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

RECEIVED  
2024 AUG 15 PM 4:41  
CORPORATIONS  
COMMERCIAL  
SERVICES

RECEIVED  
2024 AUG 15 PM 12:41  
DEPT. OF STATE  
TALLAHASSEE, FL



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INFINITY HEALTHY LIFE 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:

18640 BOBLINK DR  
HALEAH, FL 33015

18640 BOBLINK DR  
HALEAH, FL 33015

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:

YULEMIS M. CAICEDO  
Name

18640 BOBLINK DR  
Florida street address (P.O. Box **NOT** acceptable)

HALEAH                      FL                      33015  
City                              State                              Zip

2024 AUG 15 PM 12:41  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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..

Yulemis M. Caicedo  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	<u>YULEMIS M. CAICEDO</u> <u>18640 BOBLINK DR</u> <u>HIALEAH, FL 33015</u>
<u>MGR</u>	<u>RICHARD D. NUNEZ</u> <u>600 NW 6TH ST APT 904</u> <u>MIAMI, FL 33136</u>
<u>MGR</u>	<u>CINTHIA Y. CABREJA CONCEPCION</u> <u>18640 BOBLINK DR</u> <u>HIALEAH, FL 33015</u>

FILED  
 2024 AUG 15 PM 12:41  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**

*Yulemis M. Caicedo*  
 \_\_\_\_\_

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.

YULEMIS M. CAICEDO  
 \_\_\_\_\_  
 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)