

U5000024255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

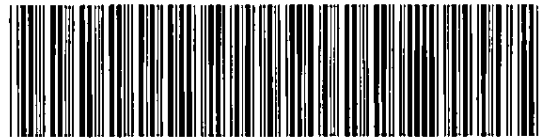
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000441817900

01/16/25--01006--006 1125 00

FILED

2025 JAN 16 PM 9:47

RECEIVED
2025 JAN 16 AM 10:44
FILED

MS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 1/16

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. MENDIETA LONGEVITY INSTITUTE, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2025 JUN 16 AM 9:47
TALLAHASSEE, FL
CLERK OF COURT

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

Mendieta Longevity Institute, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2310 South Dixie Highway
Miami, FL 33133

The mailing address of the Limited Liability Company is:

2310 South Dixie Highway
Miami, FL 33133

The email address to receive notifications from the Florida Department of State is:

camille@4beauty.net

Article III

The name and Florida street address of the registered agent is:

Joseph A Porrello
7700 N. Kendall Drive
Suite 602
Miami, FL 33156

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Joseph A. Porrello

FILED
2025 JAN 16 AM 9:47
CLERK OF THE COURT
JAN 16 2025

Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Camille V. Monasterio
Title: Manager
2310 South Dixie Highway
Miami, FL 33133

Signature of member or an authorized representative: /s/ Camille V. Monasterio

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
STATE
OF FLORIDA

JAN 16 AM 9:47

FILED