

LD6000053970

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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.

((H06000142727 3)))

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)205-0383

From:  
Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305)262-2323  
Fax Number : (305)262-2324

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KENDALL HOME HEALTH AGENCY LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

*[Handwritten signature]*

RECEIVED  
06 MAY 24 PM 4: 03  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 24 AM 11: 16

APPROVED  
AND  
FILED

(( H06000 142 7273 ))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KENDALL HOME HEALTH AGENCY LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC." or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

13200 SW 128 ST SUITE A2  
MIAMI, FL 33186

**Mailing Address:**

13200 SW 128 ST SUITE A2  
MIAMI, FL 33186

**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:

FERNANDO BARIZONTE

Name

13200 SW 128 ST SUITE A2

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

MIAMI FL 33186

City, State, and Zip

*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 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 24 AM 11:16

APPROVED  
AND  
FILED

(( H06000 142 7273 ))

((H060001427273))

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

FERNANDO BARIZONTE (90% OF SHARES)

13200 SW 128 ST SUITE A2

MIAMI, FL 33186

MGR

REBECA RODRIGUEZ (10% OF SHARES)

13662 SW 128 ST SUITE A2

MIAMI, FL 33186

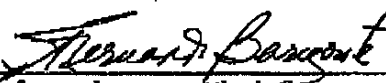
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FERNANDO BARIZONTE

Typed or printed name of signee



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 24 AM 11:16

APPROVED  
AND  
FILED

((H060001427273))