

L20000091867

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
FAITH HEALTH CARE OF PALM BEACH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
20 MAR 27 AM 11:30
REC'D
2020 MAR 27 PM 2:24
REGISTRATION SERVICES

O'KEEFE

MAR 27 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAITH HEALTH CARE OF PALM BEACH, 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:

1901 HARRISON ST SUITE 209
HOLLYWOOD, FL 33021

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HOLLYWOOD, FL 33021

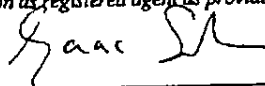
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ISAAC SOSKIN
Name
1901 HARRISON ST SUITE 209
Florida street address (P.O. Box **NOT** acceptable)
HOLLYWOOD FL 33021
City State 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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 MAR 27 AM 11:30
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ARTICLE IV-

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

Title:

AMBR = Authorized Member

MGR = Manager

Name and Address:

AMBR

CAMBRIDGE STAFFING SOLUTIONS, LLC
11401 SW 40TH STREET SUITE 250
MIAMI, FL 33165

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20 MAR 27 AM 11:30
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(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:

Isaac Soskin

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.

ISAAC SOSKIN

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)