

L21000032522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

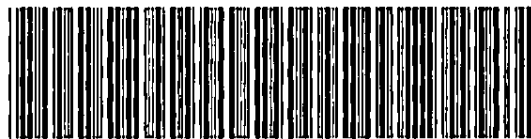
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900358605109

2001 FEB -2 AM 11:18
STATE
PL



2001 FEB -2 PM 12:32



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

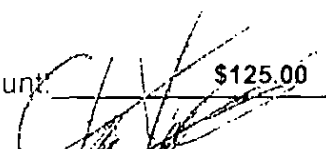
Date: 02/02/2021

Name: Chris Vick

Reference #: 13090023

Entity Name: 360 HEALTH SERVICES OF CALIFORNIA, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount:  \$125.00

Signature: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB -2 AM 9:18

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOR THE STATE
OF FLORIDA, FL

360 Health Services of California, 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:

10050 Spanish Isles Blvd. Suite E15
Boca Raton, Florida 33498

10050 Spanish Isles Blvd. Suite E15
Boca Raton, Florida 33498

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:

Anette Yelin, Esquire
Name

1 Alhambra Plaza Suite 1410
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134
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..

Anette Yelin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Nicholas Pape
10050 Spanish Isles Blvd, Suite E15
Boca Raton, Florida 33498

MGR

Nicholas Jenkins
10050 Spanish Isles Blvd, Suite E15
Boca Raton, Florida 33498

RECEIVED
FEBRUARY 26 2021
STATE OF FLORIDA

2021 FEB -2 AM 0:16

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 26, 2021. (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:

Anette Yelin

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.

Anette Yelin

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)