7/21/2021

Division of Corporations



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.

(((H21000279781 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)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone

: (845)425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: raservices@vcorpservices.zendesk.com

FLORIDA LIMITED LIABILITY CO. **HIPAA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;

The name of the Limited Liability Company is:

HIPAA 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:

Prin	cina	LORGA	Address:
1 7 7 7 1 1	1 11 12	полие	Anuress.

Mailing Address:

4779 Collins Ave, Apt 6034779 Collins Ave, Apt 603Miami Beach, Florida 33140Miami Beach, Florida 33140

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:

Moishe Deutsch

Name

4779 Collins Ave, Apt 603

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

Miami Beach FL 33140

Cly 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 (REQUESE)

(CONTINUED)

21 AUG -2 PM (2: 43

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Moishe Deutsch
	4779 Collins Ave, Apt 603
	Miami Beach, Florida 33140
AMBR	Esther Deutsch
	4779 Collins Ave. Apt 603 Miami Beach, Florida 33140
	Milanti Beach, Fionda 33140
(Use attachment if necessary)	
CLEV: Effective date, if other than the da effective date is listed, the date must be to of filing.)	ate of filing:
CLEV: Effective date, if other than the date effective date is listed, the date must be te of filing.) If the date inserted in this block does not be determined to the Department of the Department.	specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be
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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)

ARTICLE IV-

To: 18506176381 Page: 1 of 5 2021-08-02 02:04:00 GMT From: Rebecca Miller

FAX COVER SHEET

TO	Florida Dept of State	
COMPANY	Florida Dept of State	
FAX NUMBER	18506176381	
FROM	RebeccaMiller	
DATE	2021-08-02 02:03:39 GMT	<u> </u>
RE	H21000 291 690 3	

COVER MESSAGE

Please file the attached Domestication Packet.

[&]quot;Universal Health Resources Corporation currently is filed as Foregin Corp in Florida and wishes to be Domestic in Florida.
Thank you,