

11/30/23, 12:46 PM

**L23000531814**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Effective 1/1/2024

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To:  
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Fax Number : (850)617-6381

From:  
Account Name : COURACCESS CENTERS, LLC  
Account Number : 07535000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

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

Email Address: MattFucarino@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Fucarino Health Services LLC

Certificate of Status	1
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Audit # H23000409392  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Fucarino Health Services LLC**

The mailing address and street address of the Limited Liability Company are:

**13728 Westshire Dr  
Tampa, FL 33618**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing, upon January 1, 2024.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

\_\_\_\_\_  
This form was prepared with the assistance  
Of CourtAccess Centers LLC, a  
non-lawyer located at 13046 Race Track Rd,  
Suite 131, Tampa, FL 33626, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**13728 Westshire Dr  
Tampa, FL 33618**

and the name of its registered agent at such address is:

**Matthew Fucarino**

**ARTICLE VI**  
**Effective Date**

The effective date of this Limited Liability Company shall be January 1, 2024

**ARTICLE VII**  
**Management**

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

**Name and Address**

**Matthew Fucarino, Authorized Member  
13728 Westshire Dr  
Tampa, FL 33618**

Dated: Thursday, November 30, 2023

DocuSigned by:  
*Matthew Fucarino*  
0900814E3CA41CE

Matthew Fucarino, Authorized 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.

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**ACCEPTANCE BY REGISTERED AGENT**

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..

Date: November 30, 2023

DocuSigned by:  
Matthew Fucarino  
Matthew Fucarino