

12/5/23, 4:33 PM

Division of Corporations
 Florida Department of State
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : MEDICAL BILLING CONSULTANTS, INC.
 Account Number : I20200000206
 Phone : (305)463-6690
 Fax Number : (305)463-6693

2023 DEC -6 AM 9:50

FD

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 Gonzalez Rehab Professionals II LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

4:11:54

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gonzalez Rehab Professionals II LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:

4720 SE 15th Ave #109
Cape Coral, FL 33904

Mailing Address:

4720 SE 15th Ave #109
Cape Coral, FL 33904

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:

Sissy Gutierrez Diaz
Name
4720 SE 15th Ave #109
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33904
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..

[Handwritten Signature]
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

Sissy Gutierrez Diaz
4320 SE 16th Ave #109
Cape Coral FL 33904

(Use attachment if necessary)

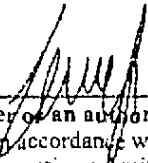
ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(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:



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.

Sissy Gutierrez Diaz

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)