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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

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

Email Address: _____

2024 JAN 31 AM 8:55

FLORIDA LIMITED LIABILITY CO.
PRESTINE CARE SOLUTIONS, LLC.

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

2024 JAN 31 PM 3:55

Electronic Filing Menu

Corporate Filing Menu

Help

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:

<u>AMBR</u>	<u>GABRIELA BOFILL</u> <u>2402 NW 54 STREET</u> <u>FT LAUDERDALE, FL 33309</u>
<u>AMBR</u>	<u>NOEMI BAYOS</u> <u>2402 NW 54 STREET</u> <u>FT LAUDERDALE, FL 33309</u>
<u>AMBR</u>	<u>JORGE R. MIRANDA GUAY</u> <u>2402 NW 54 STREET</u> <u>FT LAUDERDALE, FL 33309</u>
<u>AMBR</u>	<u>RAUL M. PASCUAL FERRERA</u> <u>2402 NW 54 STREET</u> <u>FT LAUDERDALE, FL 33309</u>

(Use attachment if necessary)

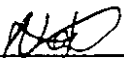
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

NOEMI BAYOS

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)