# L10000065185

· (Re	questor's Name)	
•	·	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(00	cument Number)	
Certified Copies	Certificates	of Status
•	_	<del></del>
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



000182051950

000182051850 06/17/10--01027--004 \*\*180.00

FILED MIN: 31
2010 JUN 17 MIN: 31
SECRETARY OF STATE
TALLANDASSEE FLORID

C. LEWIS

JUN 1 8 2010

EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: TENDER HEARTS HEALTH CARE SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malik Pastor			
		Name of Person	
PNH Enterpr	ises, LLC		
		Firm/Company	
8120 SW 22r	nd Street Suite B202		
		Address	
North Lauder	dale, FL 33068		
<del></del>	Ci	ty/State and Zip Code	
pnhenterprise	esllc@gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
MALIK PASTOR		at ( 954)773-3031	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:

TENDER HEARTS HEALTH CARE SERVICES, LLC

The name of the Limited Liability Company is:

(Must end with 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:
3120 SW 22nd Street Suite B202	
North Lauderdale, FL 33068	

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:

MALIK PASTOR		
	Name	

8120 SW 22nd Street Suite B202

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

North Lauderdale,	FL 33068
	City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

### FILED

2018 JUN 17. AM 17: 37

ARTICLE IV- Manager(s) o	or Managing Member(s):	SECOUR
The name and address of each	or Managing Member(s):  Manager or Managing Member is as	follows: TALLAHASSEE STATE
Title:	Name and Address:	- CELIFILORIO

PRESIDENT	NADIRA PASTOR
	8120 SW 22nd Street Suite B202
	North Lauderdale, FL 33068
VICE PRESIDENT	MALIK PASTOR
	8120 SW 22nd Street Suite B202
	North Lauderdale, FL 33068
CEO	MBYN (AU)
	11851 Royal Palm Blvd 104
•	Coral Springs, FL 33065
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MALIK PASTOR

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)