

L04000067999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900041017639

09/17/04--01011--005 \*\* 5.00

04 SEP 17 PM 3:54  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 17 AM 9:42  
RECEIVED  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

BK

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

04 SEP 17 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. HEALTH CARE ADVANTAGE OF FLORIDA, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH CARE ADVANTAGE OF FLORIDA, LLC

ARTICLE II - Address:

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

861 SW 78th Ave Suite 200

PLANTATION FL 33324

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RENE LUIS

861 SW 78th Ave Suite 200

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

PLANTATION FL 33324

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

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CARLOS M. HERRERA MANAGER  
RENE S. LUIS MANAGER  
CAROLINE BONDS MANAGER

(An additional article must be added if an effective date is requested)

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.)

RENE LUIS

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

PLEASE SEE ATTACHED FORM.

## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I – Name:**

The name of the Limited Liability Company is:

**HealthCare Advantage of Florida, LLC**

### **ARTICLE II – Address:**

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

**861 SW 78<sup>th</sup> Ave  
Suite 200  
Plantation, FL 33324**

### **ARTICLE III – Registered Agent:**

The name and the Florida street address of the registered agent are:

**Rene Luis  
861 SW 78<sup>th</sup> Ave  
Suite 200  
Plantation, FL 33324**

### **ARTICLE IV – Management**

Managers are: **Carlos M. Herrera  
Rene J. Luis  
Caroline Bonds**

PLEASE SEE  
ATTACHED FOR  
SIGNATURES.