

**L07000127150**Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**FLORIDA/FOREIGN LIMITED LIABILITY CO****HEALTH COMPASS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

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Corporate Filing Menu

Help

H07000302670 3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HEALTH COMPASS, LLC

(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:

10280 NW 125th St.  
HIALEAH GARDENS, FL 33018

Mailing Address:

10280 NW 125th St.  
HIALEAH GARDENS, FL 33018

**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:

ANDRES F. PINO

Name

10280 N.W. 125th Street

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

HIALEAH GARDENS, FL 33018

City, State, and Zip

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*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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H07000302670 3

H07000302670 3

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ANDRES F. PINO

10280 NW 125th St.

HIALEAH GARDENS, FL 33018

MGRM

MARIA A. PINO


10280 NW 125th St.

HIALEAH GARDENS, FL 33018

(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.)

**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.)

ANDRES F. PINO

Typed or printed name of signer

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H07000302670 3