# Electronic Articles of Organization For Florida Limited Liability Company

L17000220833 FILED 8:00 AM October 25, 2017 Sec. Of State jafason

## **Article I**

The name of the Limited Liability Company is: LEHIGH ACCIDENT CARE, LLC

### **Article II**

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

1530 LEE BLVD SUITE 1700 LEHIGH ACRES, FL. 33936

The mailing address of the Limited Liability Company is:

6811 PORTO FINO CIRCLE FORT MYERS, FL. 33912

## **Article III**

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

MELISSA SIMONELLI 2119 SW 29TH TERRACE CAPE CORAL, FL. 33914

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.

Registered Agent Signature: MELISSA SIMONELLI

#### Article IV

The effective date for this Limited Liability Company shall be:

10/24/2017

Signature of member or an authorized representative

Electronic Signature: MELISSA SIMONELLI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.