

W18 000 101 566

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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18 APR 13 AM 9:23  
TALLAHASSEE, FL

D O'KEEFE

APR 26 2018

W18-29842



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2018

SAVANNAH M. GUERRA  
3349 W 90 ST.  
HIALEAH, FL 33018

SUBJECT: HOME INJECTION PROFESSIONALS, LLC  
Ref. Number: W18000029842

We have received your document for HOME INJECTION PROFESSIONALS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 418A00006228

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2018 APR 13 PM 12:09

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA

18 APR 13 AM 9:29

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### COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Home Injection Professionals, 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:

Savannah M. Guerra

Name of Person

Home Injection Professionals, LLC

Firm/Company

3349 W 90 St.

Address

Hialeah, FL 33018

City/State and Zip Code

savannahm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Savannah Guerra

786

290-4505

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Home Injection Professionals, LLC

(Must contain 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:

3299 NW 100 St

Miami, Florida 33147

Mailing Address:

3349 W 90 St.

Hialeah, Florida 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:

Savannah Guerra

Name

3349 W. 90 St

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

Hialeah

FL

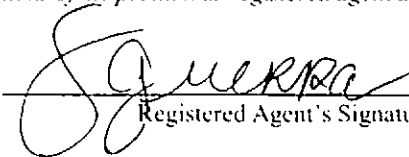
33018

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 APR 13 AM 9:30  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Savannah Guerra

3349 W. 90 St

Hialeah, FL 33018

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/15/2018 (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**

*Savannah Guerra*

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.

*Savannah Guerra*

Typed or printed name of signer

**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)

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18 APR 13 AM 9:30  
TALLAHASSEE, FLORIDA