# Electronic Articles of Organization For Florida Limited Liability Company

L18000283153 FILED 8:00 AM December 10, 2018 Sec. Of State rekemple

#### Article I

The name of the Limited Liability Company is: UROMAR HEALTH SERVICES LLC

#### **Article II**

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

7900 NORTHWEST 3RD STREET BLDG. 15 APT# 204 PEMBROKE PINES, FL. US 33024

The mailing address of the Limited Liability Company is:

7900 NORTHWEST 3RD STREET APT#204 BLDG.15 APT# 204 PEMBROKE PINES, FL. US 33024

#### **Article III**

Other provisions, if any:

THE PURPOSE OF THIS LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN THIS STATE

### **Article IV**

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

PAULO NAVARRETE GRAU 7900 NORTHWEST 3RD STREET 204 PEMBROKE PINES, FL. 33024

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: PAULO NAVARRETE GRAU

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR

PAULO NAVARRETE GRAU

7900 NORTHWEST 3RD STREET BLDG.15 APT#204

PEMBROKE PINES, FL. 33024 US

Title: AMBR

MARINA A NAVARRO CAPELLA

7900 NORTHWEST 3RD STREET BLDG.15 APT#204

PEMBROKE PINES, FL. 33024 US

Title: AMBR

JULIO A RODRIGUEZ MACHADO

7900 NORTHWEST 3RD STREET BLDG.15 APT#204

PEMBROKE PINES, FL. 33024

Title: AMBR

PATRICIA A OTTATI

7900 NORTHWEST 3RD STREET BLDG.15 APT#204

PEMBROKE PINES, FL. 33024 UN

#### Article VI

The effective date for this Limited Liability Company shall be:

12/10/2018

Signature of member or an authorized representative

Electronic Signature: PAULO NAVARRETE GRAU

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.

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