

**LA000153742**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Rheumatology & Wellness Holding, LLC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

J. FASON

JUN 20 2019

2019 JUN 19 PM 4:24

2019 JUN 19 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Rheumatology & Wellness Holding, 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:

Charles R. Norris, Esq.

Name of Person

Lydecker Diaz

Firm/Company

1221 Brickell Avenue, 19th Floor

Address

Miami, Florida 33131

City/State and Zip Code

cn@lydeckerdiaz.com

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

For further information concerning this matter, please call:

Charles R. Norris, Esq. at ( 305 ) 416-3180

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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:

Rheumatology & Wellness Holding, 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:**2100 East Hallandale Beach Boulevard  
Suite 302  
Hallandale, Florida 33009**Mailing Address:**2100 East Hallandale Beach Boulevard  
Suite 302  
Hallandale, Florida 33009**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:

Charles R. Norris, Esq.

Name

1221 Brickell Avenue, 19th FloorFlorida street address (P.O. Box **NOT** acceptable)Miami, Florida 33131

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.*

/s/ Charles R. Norris, Esq.

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FL**

**ARTICLE IV-**

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

**Title:**

'AMBR' = Authorized Member

'MGR' = Manager

AMBR**Name and Address:**Gonzalez Revocable Trust Dated December 8th, 2015  
21097 NE 27th Court, Suite 350  
Aventura Florida 33022

(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.)

**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:**/s/Charles R. Norris**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.Charles R. Norris

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)