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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

****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.
V. MENDEZ HEALTH, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 MAY -4 PM 4:13

MAILED
05/04/2020

J DENNIS

MAY 05 2020

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

P.S.

20 MAY -4 PM 12:39

ARTICLE I- Name:

The name of the Limited Liability Company is:

V. MENDEZ HEALTH, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **13004 NW 13 ST, PEMBROKE PINES, FL 33028**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

**VANESSA MENDEZ
13004 NW 13 ST
PEMBROKE PINES, FL 33028**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

20 MAY -4 PM 12: 30

ARTICLE IV:

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

Title:

Name and Address:

AMBR

VANESSA MENDEZ
13004 NW 13 ST
PEMBROKE PINES, FL 33028



Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

VANESSA MENDEZ

Typed or printed name of signee.