

L20000129208

Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

****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. CARE NETWORK GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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03/19/2010 09:51 AM 1700733177 10000170001 pg 1 of 1
(((H20000144189 3)))

COVER LETTER

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

SUBJECT: CARE NETWORK GROUP 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:

JOSE DAVILA

Name of Person

CARE NETWORK GROUP LLC

Firm/Company

13270 SW 8TH ST

Address

MIAMI, FL 33184

City/State and Zip Code

IMPROVEDRESE@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE DAVILA

Name of Person

at (

305

Area Code

) **299-5008**

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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05/15/2020 9:53 AM 1700755174 710300170001 pg 2 of 3
(((H20000144189 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARE NETWORK GROUP 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:

Mailing Address:

13270 SW 8TH ST
MIAMI, FL 33184

13270 SW 8TH ST
MIAMI, FL 33184

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:

MAX MEDICAL CONSULTING SERVICE INC

Name

782 NW 42ND AVE STE 348

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

MIAMI

FL

33126

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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9:53 AM
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pg 2 of 3
(((H20000144189 3)))

(((H20000144189 3)))

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MAX MEDICAL CONSULTING SERVICE INC
782 NW 42ND AVE STE 348
MIAMI, FL 33126

MGR

HEALTH CARE ADVISORS GROUP LLC
1300 NW 84TH AVE
DORAL, FL 33126

(Use attachment if necessary)

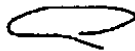
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

JOSE DAVILA

Typed or printed name of signee

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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