

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: dr.jenniferwright@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Lagoon Family Healthcare LLC**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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2020 JUN 17 PM 2:15
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-17-2020 BY 60322 JAL/STP

2020 JUN 17 AM 8:08
STATE OF FLORIDA
DIVISION OF CORPORATIONS

H20000183307

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lagoon Family Healthcare LLC

(Must end with 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:

30544 Summer Sun Loop
Wesley Chapel, FL 33545

30544 Summer Sun Loop
Wesley Chapel, FL 33545

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:

Jennifer Wright

Name

30544 Summer Sun Loop

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

Wesley Chapel

FL 33545

City

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)

Jennifer Wright

(CONTINUED)

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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:

Jennifer Wright

30544 Summer Sun Loop

Wesley Chapel, FL 33545

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a 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.)

Jennifer Wright

Typed or printed name of signer

TALLAHASSEE, FL 32310

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