Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000207086 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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. NGPT HOME HEALTH LLC

Υ. 1.	Certificate of Status	0
2	Certified Copy	1
	Page Count	03
	Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Erwelope ID: 0B0513B8-4FC3-4B0E-9C5F-C8E87921216F

ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
NGPT HOME HEALTH 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 t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7001 SW 97 AVE	
STE: 204	SAME
MIAMI, FT. 33173	
ARTICLE III - Registered Agent, Registered Office, & Regis	stered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	red 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 as	re:
CRISTINA OBREGON	
GRIDITITI OBJECTOR	

Name 7001 SW 97 AVE STE: 204 Florida street address (P.O. Box NOT acceptable)

MIAMI City

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.,

(nishua Chn	pu	
	Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

DocuSign Envelope ID: 08081388-4FC3-48CE-9C5F-C8E87921216F

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	AMBR	JAVIER OBREGON 7001 SW 97 AVE STE: 204 MIAML FL 33173	٠.
	AMBR	CRISTINA OBREGON 7001 SW 97 AVE STE: 204 MIAMI, FL 33173	
	···		
	(Use attachment if necessary)		
(If an the da <u>Note:</u>	CLF.V: Effective date, if other than the dr effective date is listed, the date must be te of filing.) If the date inserted in this block does no	ate of filing:	
(If an the da <u>Note:</u> the do	CLF.V: Effective date, if other than the dr effective date is listed, the date must be te of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as	
(If an the da <u>Note:</u> the do	CLF.V: Effective date, if other than the dr effective date is listed, the date must be te of filing.) If the date inserted in this block does no boundent's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as	
(If an the da <u>Note:</u> the do	CLF.V: Effective date, if other than the dr effective date is listed, the date must be te of filing.) If the date inserted in this block does no boundent's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.	
(If an the da <u>Note:</u> the do	CLE V: Effective date, if other than the date effective date is listed, the date must be to of filing.) If the date inserted in this block does no soument's effective date on the Department of the Other provisions, if any effective date of the Department of the Department of the Department of the Other provisions, if any effective date of the Department of the Departme	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.	