Electronic Articles of Organization
For
Florida Limited Liability Company

L20000195174
FILED 8:00 AM
July 08, 2020
Sec. Of State
jsdennis

Article I

The name of the Limited Liability Company is:

BLUE BRIDGE THERAPY CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4531 DELEON ST
UNIT 212
FORT MYERS, FL. 33907

The mailing address of the Limited Liability Company is:

4531 DELEON ST
UNIT 212
FORT MYERS, FL. 33907

Article III

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

DAYANI AGUIRRE
14863 SW 139TH ST
MIAMI, FL. 33196

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.

Registered Agent Signature: DAYANI AGUIRRE

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Article IV

The name and address of person(s) authorized to manage LLC:

Title: P
DAYANI AGUIRRE
14863 SW 139TH ST
MIAMI, FL. 33196

Title: VP
YELENIS MARTINEZ
4531 DELEON ST
FORT MYERS, FL. 33907

Article V

The effective date for this Limited Liability Company shall be:

07/08/2020

Signature of member or an authorized representative

Electronic Signature: DAYANI AGUIRRE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.