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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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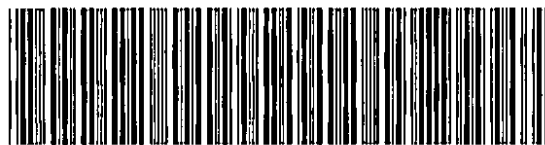
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EXCELLENT HEALTH WELLNESS & REHAB CENTER, 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:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

CLIFTON H. RODRIQUEZ, CPA, PA

Firm/Company

3146 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City/State and Zip Code

crodz13@gmail.com/hughmongous54@comcast.net

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

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

at ( 954 ) 557-9038

Area Code

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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# ARTICLES OF ORGANIZATION

For

**Florida Limited Liability Company**

The undersigned subscribers(s) for the purpose of forming a limited liability organization under the Florida Business Corporation Act, hereby adopts the following Articles of Organization:

## Article I-Name of the Corporation

The name of the Limited Liability Company shall be:

**Excellent Health Wellness & Rehab Center, LLC.**

## Article II-Nature or Purpose of the Limited Liability Company

The purpose of the Limited Liability Company (LLC) is to engage in any lawful activity permitted by the laws of this state. The LLC will provide healthcare services under the auspices of a medical doctor and other licensed healthcare professionals.

## Article III-Principal Office

The principal mailing address of this Limited Liability Company shall be:

99 NW 183<sup>rd</sup> Street  
Suite No.122  
North Miami Beach, Florida 33169

The principal place of business of this Limited Liability Company shall be as follows:

99 NW 183<sup>rd</sup> Street  
Suite No. 122  
North Miami Beach, Florida 33169

## Article IV-Initial Registered Agent

The name and address of the initial registered agent is:

Maxime J Coles  
7565 W. Oakland Park Boulevard  
Lauderhill, Florida 33319

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FLORIDA

## ARTICLES OF ORGANIZATION

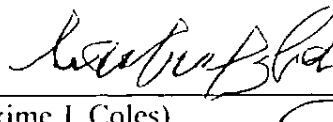
For

### Excellent Health Wellness & Rehab Center, LLC.

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 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. I hereby affix my signature below:

Registered Agent Signature: \_\_\_\_\_

(Maxime J. Coles)



#### Article V-Name & Address of Managing Members/Managers

| <u>Name</u>     | <u>Address</u>  | <u>Title</u> |
|-----------------|---|--------------|
| Maxime J. Coles | 7565 W. Oakland Park Blvd.<br>Lauderhill, Florida 33319 | MGR          |

#### Article VI-The Effective Date of Articles of Organization and Organizer

The undersigned organizer(s) has executed these Articles of Organization on this

1<sup>st</sup> day of June 2020



(Signature)

#### Article VII: Perpetual Life of the Limited Liability Company

The Limited Liability Company shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

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