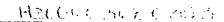
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TPBS CORP Account Number : I20190000112

Phone : (786)389-2779 Fax Number : (305)356-3688

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. CONSULMED LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Juc 10/03/20

Help

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COVER LETTER

	lew Filing Sec Division of Cor				
SUBJEC*	CONSUL	MED LLC			
SOURIES.	'·	Name of Lin	ited Liabili	ty Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please reti	um all correspo	ondence concerning this ma	tter to the fe	ollowing:	
	RAFAEL CA	ASTRO SANCHEZ			
		-	Name of	Person	
	CONSULM	ED LLC			
			Firm/Co	npany	
	6440 STIRL	ING ROAD			
			Addre	98	
	DAVIE FL	33024			
	reastro@cons		ity/State and	l Zip Code	
	}	E-mail address: (to be used	for future a	nnual report notificati	on)
For further	information co	ncerning this matter, please	call:		
	RAFAEL CA	ASTRO 78	_	620-0408	
	Nam		rea Codc	Daytime Telephon	e Number
Enclosed	is a check for th	he following amount:			
二\$125.0	0 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certific	i.00 Filing Fee & ad Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address		Street Address	luinia.

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	CLES OF ORGANIZATION FOR			
RTICLE I - Name:	Liability Company is:			
te table of the Elitheet	Maoney Company 15.			
	CD LLC			
CONSULMI	LUST contain the words "Limited	Lighility Company	"I.I.C " or "I.I.C ")	
(**1	usi comani die vorus Emiliee	Didotti ootipuijt		
RTICLE II - Address		om	T. C. M. Mario Characteristics	
ic mailing address and	street address of the principal c	office of the Limited	Liability Company is:	
;	Principal Office Address:		Mailing Address:	
6640 STIRL	ING ROAD			
DAVIE FL 3				
	<u> </u>			
he Limited Liability C	ered Agent, Registered Office, company cannot serve as its own	n Registered Agent.	it's Signature: You must designate an individu	al or
The Limited Liability Conther business entity of	company cannot serve as its own with an active Florida registration is street address of the registeron	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an individu	al or
The Limited Liability C nother business entity t	ompany cannot serve as its own with an active Florida registration	n Registered Agent. on.) d agent are:	it's Signature: You must designate an individu	al or
The Limited Liability Conther business entity of	company cannot serve as its own with an active Florida registration is street address of the registeron RAFAEL CASTRO	n Registered Agent. on.) d agent are: SANCHEZ Name	nt's Signature: You must designate an individu	al or
The Limited Liability C nother business entity t	company cannot serve as its own with an active Florida registration is street address of the registeron	n Registered Agent. on.) d agent are: SANCHEZ Name	You must designate an individu	al or
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

Hadrid Color Williams

Title:	Name and Address:
*AMBR" = Authorized Member	
"MGR" = Manager	
MANAGER	RAFAEL CASTRO SANCHEZ
<u></u>	6640 STIRLING ROAD
	DAVIE FL 33024
FV. Effective date if other than the d	are of filing:(OPTIONAL)
of filing.) I the date inserted in this block does no iment's effective date on the Department.	ate of filing:
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Filing Fees:

\$125.00 Filling Fcc for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)