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**FLORIDA LIMITED LIABILITY CO.
NH HOME NURSING SERVICES, LLC**

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

2020 NOV -5 PM 3:55

2020 NOV -5 PM 2:17

**ARTICLES OF ORGANIZATION
OF
NH HOME NURSING SERVICES, LLC**

The undersigned hereby subscribes to these Articles of Organization for a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I

The name and address of this limited liability company is:

**NH HOME NURSING SERVICES, LLC
5790 NW 194 TERRACE
MIAMI FL, 33015**

ARTICLE II

The mailing address of the principal office of this limited liability company shall be **5790 NW 194 TERRACE, MIAMI FL 33015** and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

**NYLEN HERNANDEZ ALVAREZ
5790 NW 194 TERRACE
MIAMI FL, 33015**

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

HOME NURSE

ARTICLE IV

The period of duration for the limited liability company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This limited liability company may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida. Without limiting any of the purposes, powers and objects of this limited liability company it is expressly declared and provided that this limited liability company shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, and to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon limited liabilities companies, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by law.

2020 NOV -5 PM 3:55

ARTICLE V

The limited liability company shall be managed by the members with voting power prorata to their interest. The rights and duties of the members shall be set forth in the regulations of this limited liability company which are incorporated herein by reference.

The names and addresses of the initial members of this limited liability company are:

**NYLEN HERNANDEZ ALVAREZ
5790 NW 194 TERRACE
MIAMI FL, 33015**

The names and addresses of the managing members are:

**NYLEN HERNANDEZ ALVAREZ
5790 NW 194 TERRACE
MIAMI FL, 33015**

ARTICLE VI

In the event of withdrawal, retirement, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, this limited liability company shall remain in existence and continue in business pursuant to the applicable provisions of the regulation.

ARTICLE VII

The members of the limited liability company shall adopt regulations containing all provisions for the regulations and management of this company which shall be consistent with the laws or these articles.

ARTICLE VIII

A member's interest in this limited liability company may be transferred only with the unanimous written consent of all remaining members if the transferee intends to become a member.

ARTICLE IX

The articles may be amended at any time by the unanimous consent of the members as deemed appropriate to facilitate the accomplishment of the purpose of the limited liability company, and the amendment shall be executed and duly filed with the Florida Department of State

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0203 (1) (b), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


The name of the limited liability company is:

NH HOME NURSING SERVICES, LLC.

The name and address of the registered agent and office is:

**NYLEN HERNANDEZ ALVAREZ
5790 NW 194 TERRACE
MIAMI FL, 33015**

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 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...



Signature of Registered Agent

10/29/20


Date

The undersigned authorized representative, NYLEN HERNANDEZ ALVAREZ, member of;
NH HOME NURSING SERVICES, LLC Deposits and says:

The above-named limited liability company has one (1) member.

NYLEN HERNANDEZ ALVAREZ

Name of Authorized Representative of Member



Signature of Authorized Representative of 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.817.135, F.S.)

2020 NOV -5 PM 3:55