

11/7/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L200003868073224

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

((H20000386807 3))



H200003868073ABC1

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 : 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: ricanegrin65@gmail.com

**FLORIDA LIMITED LIABILITY CO.
 NEGRIN COMMUNITY WELLNESS CENTER LLC**

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

FILED
 2020 NOV -9 AM 8:49
 2020 NOV -9 AM 10:22
 STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 TELEPHONE
 (904) 497-3000
 WWW.FSRS.COM

CDV 1 0 2020

T. SCOTT

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H20000386873

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEGRIN COMMUNITY WELLNESS CENTER 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 the Limited Liability Company is:

Principal Office Address:

Mailing Address:

540 E 46 ST

HIALEAH, FL 33013

540 E 46 ST

HIALEAH, FL 33013

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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 are:

RICARDO MIGUEL NEGRIN MARRERO

Name

540 E 46 ST

Florida street address (P.O. Box **NOT** acceptable)

HIALEAH

FL

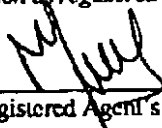
33013

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 NOV -9 AM 8:49
STATE
FLORIDA

H20000386873

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RICARDO MIGUEL NEGRIN MARRERO
540 E 46 ST
HIALEAH, FL 33013

(Use attachment if necessary)

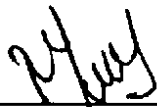
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.817.155, F.S.

RICARDO MIGUEL NEGRIN MARRERO
Typed or printed name of signee