2/3/2021



Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

(((H210000471753)))



H210000471753ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	rnorations			~)	
		·		50	125	
	Fax Number	: (850)617-6381		T in	2021	
					ل ـنـــ	1
From:						
	Account Name	: BUSINESS FILINGS			\mathfrak{P}	
	Account Number	: 105256001620		ASSE SSE	ا د	
	Phone	: (608)827-5300			~	~-
	Fax Number	: (608)827-5501		<u>r</u> n.		- 1 - 1
	TOX NUMBER	. (000/02/-5501		- - -		P** -** 9
				<u> </u>	\$	\bigcirc
		. to she had buddheed an	tity to be used for fut			
renter	the email addres	s for this business en	itty to be used for fuc	une	50	
anr	sual report maili	ngs. Enter only one e	mail address please.**		\sim	
	ni	.conde@kopamed.com				ن ⊷'
Ema	ail Address:					

FLORIDA LIMITED LIABILITY CO. KOPA HEALTH SERVICES LLC				
Certificate of Status	0			
Certified Copy	1			
Page Count	03			
Estimated Charge	\$155.00			

Electronic Filing Menu Corporate Filing Menu



FAX AUDIT # _____H21000047175 3

ARTICLES OF ORGANIZATION OF KOPA HEALTH SERVICES LLC

ARTICLE I NAME

The name of the limited liability company is: KOPA HEALTH SERVICES LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 5900 Lake Ellenor Dr 700C, Orlando, Florida 32809-4618.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Mail

Mark Williams, A.V.P. Business Filings Incorporated

Date: February 1, 2021

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is: GF HEALTH LLC, 4601 Sheridan Street 500, HOLLYWOOD, Florida 33021

FAX AUDIT # H21000047175 3

Signature:

	SSEE, FLORID	-3 AH 9:5	<u>п</u> П
--	--------------	-----------	---------------

FAX AUDIT # _____H21000047175 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

GF Mean Ben-Aviv, Member Authorized Representative

Date: Feb / 2021

(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.817.155, F.S.)

AHASSEE, FLOR ED ~ 3 MH 9: 50 [7] \overline{C}

FAX AUDIT # ______H210000471753