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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kmedena1311@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**RENAISSANCE SURGERY RECOVERY HOUSE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
RENAISSANCE SURGERY RECOVERY HOUSE,  
LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

**RENAISSANCE SURGERY RECOVERY HOUSE,  
LLC**

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

**661 NW 102 Court  
Miami, FL 33172**

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



**Karen Medina  
661 NW 102 Court  
Miami, FL 33172**

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.

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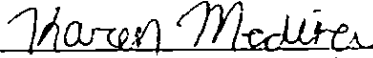
**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

**TITLE:                      NAME AND ADDRESS**

**AMGR                      KAREN MEDINA  
661 NW 102 Court  
Miami, FL 33172**

**AMGR                      JOHNNY MEDINA  
661 NW 102 Court  
Miami, FL 33172**

  
\_\_\_\_\_  
**Karen Medina  
661 NW 102 Court  
Miami, FL 33172**

(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

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