

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000093823

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RECEIVED
2021 MAR -8 PM 1:08
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.
M ELITE MOBILE HEALTH CARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE

3/9/21
[Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M ELite Mobile Health Care LLC

(Must end with 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:

146 E 13TH ST
HIALEAH FL, 33010

Mailing Address:

146 E 13TH ST
HIALEAH FL, 33010

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:

Yuleydis Marshall
Name

146 E 13TH ST
Florida street address (P.O. Box **NOT** acceptable)
HIALEAH FL 33010
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.

Yuleydis Marshall
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

ENRIQUE MARSHALL
146 E 13TH ST
HALEAH FL, 33010

AMBR

YULEYDIS MARSHALL
146 E 13TH ST
HALEAH FL 33010

AMBR

JUNIOR MARSHALL
146 E 13TH ST
HALEAH FL, 33010

(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:

Enrique Marshall

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.

ENRIQUE MARSHALL

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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