

Division of Corporations

Page 1 of 2

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L210000933823**

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.

(((H21000093382 3)))



H210000933823ABC

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) 617-6321

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 130000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
M ELITE MOBILE HEALTH CARE LLC**

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

RECEIVED

2021 MAR -8 PM 1:08

DIVISION OF CORPORATIONS  
PUBLIC & COMMERCIAL  
REGISTRATION SERVICES

RECEIVED

2021 MAR -8 PM 2:20

FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

## 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, 33010Mailing Address:146 E 13TH ST  
HIALEAH FL, 33010

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Yuleidis 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.

Yuleidis Marshall  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2021 MAR -8 PM 2:20  
STATE  
OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRAMBRAMBR**Name and Address:**ENRIQUE MARSHALL146 E 13TH STHALEAH FL 33010YULEYDIS MARSHALL146 E 13TH STHALEAH FL 33010YUNIOR MARSHALL146 E 13TH STHALEAH 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)

FILED  
2021 MAR -8 PM 2:2  
STATE  
IN GRID