

L210000098031

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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.

Gain More Patients LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SK 3/9/21

RECEIVED
2021 MAR -8 PM 1:07
CORPORATIONS
COMMERCIAL
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Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

Gain More Patients LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

217 Greeley Ave, Staten Island, NY 10306

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

***Legalinc Corporate Services Inc.
5237 Summerlin Commons Suite 400, Fort Myers, FL 33907***

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..

s/ Anthony Farina
Anthony Farina
Registered Agent

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

***Damon Trifeletti, Authorized Member
55 Sloan Ave, Staten Island, NY 10306***

***Rohit Bisht, Authorized Member
55 Sloan Ave, Staten Island, NY 10306***

***Anthony Farina, Authorized Member
217 Greeley Ave, Staten Island, NY 10306***

2021 MAR -8 PM 4:30
MAR 8 2021

March 8, 2021

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.

**s/ Damon Trifeletti
Damon Trifeletti
Authorized Member**

**s/ Rohit Bisht
Rohit Bisht
Authorized Member**

**s/ Anthony Farina
Anthony Farina
Authorized Member**