

U21000102639

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
BLUE THERAPY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. FASON

MAR 12 2021

RECEIVED
2021 MAR 11 AM 9:32
2021 MAR 11 AM 8:02
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Blue Therapy, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II – Address:

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

Principal Office Address:

**10951 W Flagler
Miami, FL 33174**

Mailing Address:

**10951 W Flagler
Miami, FL 33174**

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:

PATRICIA DELGADO

Name

10951 W FLAGLER

Florida Street address (P.O. Box NOT acceptable)

Miami, FL 33174

City, State, and 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 the 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 608, F.S..



X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 MAR 11 AM 8:02

ARTICLE IV— Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

PATRICIA DELGADO

10951 W FLAGLER, MIAMI, FL 33174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Monday, March 08, 2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X



Signature of a member or an authorized representative of a member.

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA DELGADO

Typed or printed name of signee

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