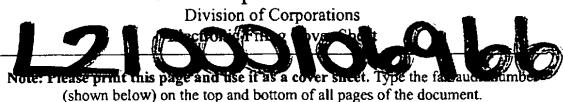
3/15/2021

Division of Corporations

Florida Department of State



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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)617-6381

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

**Enter	the	email	address	for	this	busin	e ss	entity	to	be	used	for	fut	ure.,
			: mailin											5.5

Email Address:_

FLORIDA LIMITED LIABILITY CO. CANCIO PHYSICAL THERAPY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Fax Services

→ 18506176381 pg 4 of 6

COVER LETTER

	New Filing Secti Division of Corp				
CUDIFO		HYSICAL THERAP	Y SERVICES	LLC	
SUBJEC	ı: <u>_</u>	Name o	of Limited Liab	ility Company	
The enclo	sed Articles of (Organization and fee	(s) are submitte	ed for filing.	
Please ret	uim all correspoi	ndence concerning th	is matter to the	following:	
	IRMA SERN	A			
		<u></u>	Name (of Person	
	ASLAN TAX	SERVICES INC			
			Firm/C	Company	
	762 SW 18TE	I AVE			
			Ad	dress	
	MIAMI, FL 3	3135			
	IRMA@ASLA	NTAXSERVICE.C	-	and Zip Code	
				annual report notificat	ion)
For further	information con	cerning this matter,	please call:		
	TRMA SERNA		305 at (644-9144	
	Name	of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for th	e following amount:			
□\$125.0	00 Filing Fee	■\$130.00 Filing I Certificate of State	us Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Be	g Address ling Section in of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee $\frac{T_0}{Y_0}$ eet, Suite 810 $\frac{T_0}{T_0}$

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	ıc	L	E	1	-	N	a	me
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The name of the Limited Liability Company is:

CANCIO PHYSICAL THERAPY SERVICES LLC

(Must contain 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:	Mailing Address:
3940 NW 168 ST	3940 NW 168 ST
MIAMI GARDEN, FL 33055	MIAMI GARDENS, FL 33055
· · · · · · · · · · · · · · · · · · ·	

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:

FELIX CANCIO PERI	EZ	
1	Name	
3940 NW 168 ST		
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
MIAMI GARDENS	FL	33055
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..

(CONTINUED)

Registered Agent's-Signature (REQUIRED)

21 HAR 15 PH 2: 33

<u>l'itle:</u>	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager		
AMBR	FELIX CANCIO PEREZ	
744434	3940 NW 168 NST	
	MIAMI GARDENS, FL 33055	
		
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