

L21000121120

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000122962 3)))



H210001229623ABCZ

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 : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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.
I. HECHAVARRIA DMD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 26 AM 1:07

RECEIVED
2021 MAR 26 PM 4:42
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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:

I. HECHAVARRIA DMD, LLC.

ARTICLE II- Address:


The mailing address and street address of the principal office of the Limited Liability Company is: 3735 SW 8 ST STE 202 CORAL GABLES, FLORIDA 33134

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

**ILVAIN HECHAVARRIA SANCHEZ
3735 SW 8 ST STE 202
CORAL GABLES, FL 33134**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.



Registered Agent's Signature

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
21 MAR 26 AM 1:07

ARTICLE IV:

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

Title:

Name and Address:

AMBR

ILVAIN HECHAVARRIA SANCHEZ
3735 SW 8 ST STE 202
CORAL GABLES, FL 33134



Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ILVAIN HECHAVARRIA SANCHEZ

Typed or printed name of signee.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 26 AM 11:07