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FLORIDA LIMITED LIABILITY CO. V&J MENTAL HEALTHCARE SERVICES LLC

Certificate of Status	1	
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Page Count	03	
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Electronic Filing Menu

Corporate Filing Menu

Help

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

The I - Name:
The name of the Limited rivers
The name of the Limited Liability Company is:
ARTICLET Mental healthcare services (1)
The mailing address and
The mailing address and street address of the principal office of the Limited Liability
principal office of the Limited Liability
13531 SW 62 ND ST
Apt #3 62 ND ST uliani FL 33183
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Company cannot some as the rect address of the registered
with an active Florida registration . You must designate an individual are: (The Limited Liability
Odalis Castro Figueroa
- FIGURIO
13071
-10001 8W (g) pd si
not the miami F1 33183
Ant the
APTICLE III
ARTICLE IV
The name and title of each person authorized to
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Udalis Castro Figuerer AMBR.
as the tourse of A was
Juilka Bonzales AMBR.
\sim \sim \sim \sim \sim \sim \sim \sim
13 varales AMBR

Required Signatures:

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

In accordance with section 505.0203 (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, if S.

Typed or printed name of signee

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.

Registered Agent's gnature (REQUIRED)