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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: BengeeLim@neuster.health

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FLORIDA LIMITED LIABILITY CO.

Neuster Health, LLC

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



COVER LETTER

Friday, July 23, 2021

To: New Filing Section
Division of Corporation

Subject:
NEUSTER HEALTH, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION
FOR
NEUSTER HEALTH, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Limited Liability Company is: Neuster Health, LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

66 West Flagler Street
Suite 900
Miami, FL 33130

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

David Bensoussan
66 West Flagler
STE 900
Miami FL 33130

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.



(sign)

David Bensoussan


ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Beng Ee Lim 66 West Flagler Street Suite 900 Miami, FL 33130
<u>MGR</u>	Cem Guler 66 West Flagler Street Suite 900 Miami, FL 33130

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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

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.

Beng Ee Lim

 Authorized Representative/Member

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