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9/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : WISE TAX FIRM INC.
Account Number : I20210000018
Phone : (786)620-0001
Fax Number : (786)227-6631

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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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.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CLINICA ARTESANA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

9-7-21

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLINICA ARTESANA 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:

701 SW 109TH AVE UNIT 33-302
PEMBROKE PINES, FL 33025

Mailing Address:

701 SW 109TH AVE UNIT 33-302
PEMBROKE PINES, FL 33025

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP -3 AM 9:20

11-17

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:

PRISCILLA CERDAS

Name

701 SW 109TH AVE UNIT 33-302

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

PEMBROKE PINES FLORIDA 33025

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.

Priscilla Cerdas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

PRISCILLA CERDAS
701 SW 109TH AVE UNIT 33-302
Pembroke Pines, FL 33025

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/28/21 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Priscilla Cerdas

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.

PRISCILLA CERDAS

Typed or printed name of signee

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