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((H21000330586 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : HUBCO  
Account Number : 104662003400  
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Email Address: elissa1606@hotmail.com

2021 SEP -7 AM 9:17

**FLORIDA LIMITED LIABILITY CO.  
VIP SENIOR WELLNESS SERVICES LLC**

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

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

The name of the Limited Liability Company is:

**VIP SENIOR WELLNESS SERVICES LLC**

(Must end with 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:**3775 Exeter Court, Apt 106  
Palm Harbor, FL 34685**Mailing Address:**3775 Exeter Court, Apt 106  
Palm Harbor, FL 34685**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:

Andrea Eschrich

Name

3775 Exeter Court, Apt 106Florida street address (P.O. Box **NOT** acceptable)Palm Harbor

City

FL 34685

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..*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

Andrea Eschrich

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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

AMBR**Name and Address:**Andrea Eschrich3775 Exeter Court, Apt 106Palm Harbor, FL 34685

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Signature of a 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.)

Andrea Eschrich

Typed or printed name of signer

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238 West Jericho Turnpike  
Huntington Station, NY 11746  
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Fax (800) 293-4075 • (516) 935-3088  
email: [orders1@hubco1.com](mailto:orders1@hubco1.com)

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## **FLORIDA STATE FILING**

SEPTEMBER 2, 2021

**To:** Elissa Epp

**Re: VIP SENIOR WELLNESS SERVICES LLC**

Please have your client sign as registered agent and on behalf of member.

Feel free to make any corrections on this document, we only request that you **CIRCLE** any corrections you make before sending back to us.

Please email or fax back to us at 516-935-3088, and then we will process the filing.

Thank you,  
EMILY (ext 1189)

HUBCO  
238 West Jericho Turnpike  
Huntington Station, NY 11746

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TALLAHASSEE, FL

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Please double-check all names and addresses.

Remember all name searches are done on a preliminary basis and are not guaranteed until stamped filed by the State Department.