Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. RENACER 2 ADULT DAY CARE LLC.

Certificate of Status	1	
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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOTAGE TO THE
ARTICLE I - Name:
The name of the Limited Liability Company is:
y company is.
Born and 1
ARTICLE II. Address:
ARTICLE II - Address:
The mailing address and street
The mailing address and street address of the principal office of the Limited Liability Company is:
- Tablity
1968 NW 757 MIDNI F/
33125
\$ 202
APTICIPITY
ARTICLE III - Registered Agent, Registered Office:
THE UP CHILD PROPERTY OF THE P
1968 NW 7 St MINNI ET =
1968 NW 7 ST MIDNE PI :
33125
20103
Rolando Garcia Carrio
Kolando Garcia Carrio
ARTICLE IV
The name and title of each nerson authorized
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
The state of the s
·
ROLANDO GARCIA CARRÍO
(AMBR)
(DI-INK)

Required Signatures:

3052201440



' 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

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 Signature (REQUIRED)