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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

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## FLORIDA LIMITED LIABILITY CO. EL & M THEARPY SERVICES LLC

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T. SCOTT JAN 0 7 2022

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ELJM HERAPY Services LLC ARTICLE II - Address:
ARTICLE II - Address:
The mailing address and at
The mailing address and street address of the principal office of the Limited Liability  Company is:
of the Limitec. Liability
366/SW 3RD ST APTO: 9 HIAMI, FL: 33/35
A DET CO
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 serve as its own Registered Agent. You must designate an individual or another business entity
The state of the s
ESNAY CASTRO SanchEZ
2// 0 /
3661 DW 3RD ST Apto: 9 MiANI, FL: 33/35
1 MARI 112 33/35
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
ESNAY CASTAO SANCHEZ (AMBR)
/ THORE (MINUX)

## Required Signatures:

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 herely 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)