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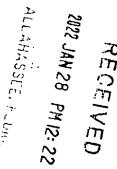
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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WALK IN

	CERTIFIED COPY		·
	РНОТОСОРУ		<u> </u>
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XX	FILING	LLC	
Н	IIGHER LEVEL H	EALTH GROUP, LLC	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 13		***			
ΛК	. 1 . 1	CI	J.L	l -	Name:

The name of the Limited Liability Company is:

Higher Level Health Group, 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:

Mailing Address:

5619 S. University Dr. Davie, FL 33328 5619 S. University Dr. Davie, FL 33328

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:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

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

St. Petersburg

FL.

22702

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY SEE FAIT

ARTICLE IV- The name and address of each person au	athorized to manage and control the Limited Liability Company:						
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:						
AMBR	Giulio Timoteo 8801 Gatehouse Rd. #2 Plantation, FL 33324 Alan Cornfield 13301 Ridge Dr. Rockville, MD 20850						
AMBR and MGR							
AMBR	Cristiane Barbosa Timoteo Plantation, FL 33324						
(Use attachment if necessary)	(Use attachment if necessary)						
the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.						
ARTICLE VI: Other provisions, if any,							
REOUIRED SIGNATURE:	A J Ecren						
Sign same 6	,						
I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.						
Amanda J. Be	ren						
	Typed or printed name of signee						

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)