

1/28/22, 3:57 PM

Division of Corporations

L22000032758

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000037896 3)))



H220000378963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

FILED
22 JAN 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

Email Address: order@interstatefilings.com

**FLORIDA LIMITED LIABILITY CO.
HEALTHCARE CONSULTANTS AND SECURITY SYSTEMS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2022 JAN 28 PM 11:31

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM**JAN 31 2022**

(((H22000037896 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

22 JAN 28 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHCARE CONSULTANTS AND SECURITY SYSTEMS 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:Mailing Address:20110 Seagrove Street, #2304Esteró, FL 3392820110 Seagrove Street, #2304Esteró, FL 33928

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:

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2ND STREET SUITE 2000 #209Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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 (P.O. Box)

(CONTINUED)

Page 1 of 2

(((H22000037896 3)))

(((H22000037896 3)))

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:**John McGee20110 Seagrove Street #2304Esteros, FL 33928______________________________

(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.)

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:**~~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.Laurence Liebman

Typed or printed name of signer

Page 2 of 2

FILED
22 JAN 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

(((H22000037896 3)))