

L22000117674

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

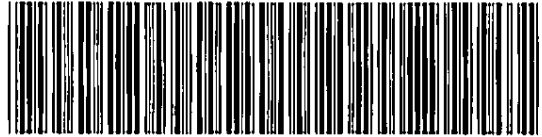
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DATE: 03/22/22

NAME: MEDIPRO HEALTH AND TECHNOLOGY LLC

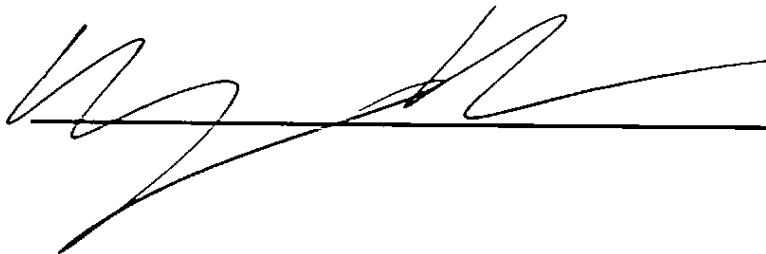
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Medipro Health and Technology LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Licelotte Minaya

Name of Person

PAG Law PLLC

Firm/Company

110 E 25th Street, Suite 1101

Address

New York, NY 10010

City/State and Zip Code

licelotte@pag.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Licelotte Minaya at (347) 5021949
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medipro Health and Technology LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Rosario Norte N°555, oficina 2001, comuna de
Las Condes, Region Metropolitana, Chile 756121

Mailing Address:

Rosario Norte N°555, oficina 2001, comuna
de Las Condes, Region Metropolitana, Chile
7561211

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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..



Madonna Cuddihy, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

