

# L22000229655

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

From:  
Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

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REGISTRATION  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
CUZA CARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**CUZA CARE, LLC.**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **18280 MEDITERRANEAN BLVD APT 307, HIALEAH FL 33015**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's  
Signature:**

The name and the Florida street address of the registered agent are:

**MELISSA M. CUZA  
18280 MEDITERRANEAN BLVD APT 307  
HIALEAH FL 33015**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.

*MCuza*

\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

**AMBR**

**MELISSA M. CUZA  
18280 MEDITERRANEAN BLVD APT 307  
HIALEAH, FL 33015**

*MCuza*

\_\_\_\_\_  
Signature of 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.)

**MELISSA M. CUZA**

\_\_\_\_\_  
Typed or printed name of signee.

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