

8/2/22, 9:02 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L22000342569

**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.

((H22000260025 3))



H220002600253ABCT

**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

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

Email Address: contact@interstatefilings.com

2022 AUG -4 AM 1:47

2022 AUG -4 AM 10:14

REGISTRATION SYSTEM

**FLORIDA LIMITED LIABILITY CO.  
 SALUD LOGRONO LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000260025 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALUD LOGRONO 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:

1 SW 129TH AVE SUITE 201  
PEMBROKE PINES, FL 33027

48 NW 25TH ST SUITE 102  
MIAMI, FL 33127

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:

JONATHAN GRUNER  
Name

48 NW 25TH ST SUITE 102  
Florida street address (P.O. Box NOT acceptable)

MIAMI                      FL                      33127  
City                      State                      Zip

2022 AUG -4 AM 1:47

*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..*

*Jonathan M. Gruner*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H22000260025 3))

