

To: 8506176381

From: Cale Silvestri 8134843531

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Division of Corporations

Florida Department of State  
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Division of Corporations  
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From:

Account Name : FRESH LEGAL PERSPECTIVE, PL  
Account Number : 120180000041  
Phone : (813)448-1042  
Fax Number : (813)484-3531

**\*\*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@BLTFL.com

FLORIDA LIMITED LIABILITY CO.  
Cyndriel Aldebaran, PLLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
CYNDRIEL ALDEBARAN, PLLC**

**ARTICLE I  
COMPANY NAME**

1. Name. The name of this limited liability company is:

Cyndriel Aldebaran, PLLC (the "**Company**")

**ARTICLE II  
PRINCIPAL OFFICE**

2. Address. The Company's principal office and mailing address:

4303 Spinnaker Cove Lane  
Tampa, Florida 33615

**ARTICLE III  
PURPOSE**

3. Purpose. The Company has been organized for the purpose of providing treatment related to mental health.

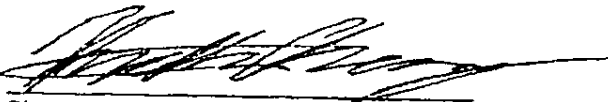
**ARTICLE IV  
REGISTERED AGENT**

4. Registered Agent. The name and street address of the registered agent is:

Fresh Legal Perspective, PL  
6930 W. Linebaugh Avenue  
Tampa, Florida 33625

**ACCEPTANCE OF REGISTERED AGENT DESIGNATION**

Having been named as registered agent 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.



Signature of Registered Agent  
Keathel W. Chauncey, Esq. for  
Fresh Legal Perspective, PL

2022 OCT 12 PM 12:35  
CYNDRIEL ALDEBARAN, PLLC  
FRESH LEGAL PERSPECTIVE, PL  
6930 W. LINEBAUGH AVENUE  
TAMPA, FL 33625

ARTICLE V  
MANAGEMENT

5. Management. The name and address of person(s) authorized to manage the Company:

Title: MGR  
Juan Egas, MD  
4303 Spinnaker Cove Lane  
Tampa, Florida 33615

SIGNATURE OF MEMBER OR AN AUTHORIZED REPRESENTATIVE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the limited liability company and every year thereafter to maintain "active" status.



Signature of Authorized Representative  
Juan Egas, MD

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