From: Yanet Avila

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.

(((H22000359828 3)))



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:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146

: (305)444-4994

Phone Fax Number

: (305)328-4774

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

Email	Address:			
cmall.	Address:			

FLORIDA LIMITED LIABILITY CO. RIVERO HEALTHCARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

RIVERO HEALTHCARE LLC

(Must contain 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:

Trincipal Office Addition.	Mating Address.
8910 SW 172 AVE	
APΓ 1208	SAME
MIAML FL 33196	

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:

CLARA LLANES	;	
	Name	<u></u>
8910 SW 172 AV	E APT 1208	
Florida street addi	ress (P.O. Box <u>NOT</u> ac	eceptable)
MIAMI	FL	33196
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 (REQUIRED)

(CONTINUED)

22 OCT 20 FM I2: 35.

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
_	CLARA LLANES
AMBR	8910 SW 172 AVE APT 1208
	MIAMI, FL 33196
ective date is listed, the date must lof filing.)	to date of filing:
EV: Effective date, if other than the ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.
E.V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. E.VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.
E.V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department's Council Straightful Signature of This document is eliam aware that any	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.
E.V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the D	not meet the applicable statutory filing requirements, this date will no ment of State's records. The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
E.V: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the	not meet the applicable statutory filing requirements, this date will no ment of State's records. The ameniber of an authorized representative of a member at executed in accordance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
E.V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the D	not meet the applicable statutory filing requirements, this date will not meet the applicable statutory filing requirements, this date will not ment of State's records. Ta member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. ANES Typed or printed name of signee
E.V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the D	not meet the applicable statutory filing requirements, this date will no ment of State's records. The a member of an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes, and false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. ANES Typed or printed name of signee Filing Fees: Of Organization and Designation of Registered Agent