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Division of Corporations
Florida Department of State

Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
PALMETTO HEALTH MED SUPPLY LLC**

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

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Corporate Filing Menu

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over

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMETTO HEALTH MED SUPPLY 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:

Principal Office Address:Mailing Address:

1839 SW 27 AVE

MIAMI, FL 33145

1839 SW 27 AVE

MIAMI, FL 33145

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:

SHASLEY HAYLEY SIBLESZ

Name

1839 SW 27 AVE

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

MIAMI

FL

33145

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..

SHASLEY SIBLES
SHASLEY SIBLES, 1839 SW 27 AVE, MIAMI, FL 33145

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 DEC -7 07:12:35
1839 SW 27 AVE
MIAMI, FL 33145

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

SHASLEY HAYLEY SIBLESZ

1839 SW 27 AVE

MIAMI, FL 33145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

SHASLEY SIBLESZ
SHASLEY SIBLESZ, 12/11/2022

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

SHASLEY HAYLEY SIBLESZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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