Electronic Articles of Organization
For
Florida Limited Liability Company

L23000016455
FILED 8:00 AM
January 09, 2023
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:

ULTIMATE CARE INSURANCE SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2031 HONEYBELL AVE
HAINES CITY, FL. US 33844

The mailing address of the Limited Liability Company is:

PO BOX 7166
WINTER HAVEN, FL. US 33883

Article III

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

PROFESSIONAL TAX CONSULTANTS, INC
314 AVENUE K SE
WINTER HAVEN, FL. 33880

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.

Registered Agent Signature: MARY ANN BAUERLE EA

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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ESMELIA GUZMAN
2031 HONEYBELL AVE
HAINES CITY, FL. 33844 US

Article V

The effective date for this Limited Liability Company shall be:

01/01/2023

Signature of member or an authorized representative

Electronic Signature: ESMELIA GUZMAN

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 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.