

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L23000019955  
FILED 8:00 AM  
January 09, 2023  
Sec. Of State  
dlokeefe**

**Article I**

The name of the Limited Liability Company is:  
FATIMA MEDICAL AND REHAB SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
990 S CONGRESS AVE  
6  
DELRAY BEACH, FL. US 33445

The mailing address of the Limited Liability Company is:  
990 S CONGRESS AVE  
6  
DELRAY BEACH, FL. US 33445

**Article III**

Other provisions, if any:  
ANY AND ALL LAWFUL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is:  
ALLIANCE FINANCIAL SERVICES OF FLORIDA LLC  
2101 VISTA PARKWAY  
125  
WEST PALM BEACH, FL. 33411

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: VALERIE FASCIGLIONE

## **Article V**

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

Title: MBR  
HENRI DOUZE  
6981 NW 6TH SR  
PLANTATION, FL. 33317 US

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Signature of member or an authorized representative

Electronic Signature: HENRI DOUZE

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.