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COVER LETTER

TO:

New Filing Section Division of Corporations

Division of Corporations
SUBJECT: With ANTO Care & Services Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
MItimate Anto care & Serv
420 Nina & Tallahassee F1 323
Tallahassee / FL / 32304 City/State and Zip Code Alacate Sports 5.5@ Smail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter, please call: Compared to the discrete for further information concerning this matter information concerning the discrete for further information concerning the discrete fo
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
S125.00 Filing Fee S15130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:					
Ultima (Must contain	1e. A	ひ ナ <u>ク</u> Liability Compan	<u>Care</u> y. "L.L.C.," or "LL	<u>(C.")</u>	Services	12
ARTICLE II - Address: The mailing address and street add						
Principal	Office Address:		<u>Maili</u>	ng Addres	<u>ss</u> :	
47 c. Nir 70110105500 32304	ic Fr		1424 FL 32	1016 46116 303	hissee	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its owr	r Registered Ager	gent's Signature: it. You must design	ate an indi	vidual or	
The name and the Florida street ad	dress of the registere	d agent are:				
	Wael 424	Nabal Name	<u>s</u> i		.Ve	
	4424	West	ove C	— V (
	Florida street addre	ss (P.O. Box <u>NO</u>	L acceptable)			
	Tallahasse	State	323 Zip	<u>, c</u> 3	-	
laving been named as registered ag blace designated in this certificate, I arther agree to comply with the pro un familiar with and accept the obli	hereby accept the appying the statutes of all statutes of my position	pointment as regis relating to the pro a as registered age	tered agent and agr per and complete pe nt as provided for ii	ree to act in erformance n Chapter (of my duties and I	FILED
	∠Regis	tered Agent's Sig	nature (REQUIREI))	DOUGH OF THE PROPERTY OF THE P	

(CONTINUED)

Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2/7/23 . (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 note be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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. Typed or printed name of signee Warei Noruis:

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)