

# L23000081770

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
INSTALLATION AND REMODELING ALVAREZ LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2023 JAN 21 AM 9:37  
FALL HASSLET, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSTALLATION AND REMODELING ALVAREZ 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:

2805 SW 145TH AVENUE  
MIAMI, FL 33027

Mailing Address:

2805 SW 145TH AVENUE  
MIAMI, FL 33027

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:

JORGE LUIS ALVAREZ ROJAS

Name

2805 SW 145TH AVENUE

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

MIAMI

FL

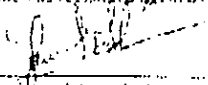
33027

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company of 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)

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**ARTICLE IV-**

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


<u>Title:</u>	<u>Name and Address:</u>
"AMBR" -- Authorized Member	
"MGR" -- Manager	
AMBR	JORGE LUIS ALVAREZ ROJAS 2805 SW 145TH AVE MIAMI, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, \_\_\_\_\_ (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:**  


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 3.817.155, F.S.

\_\_\_\_\_  
JORGE LUIS ALVAREZ ROJAS  
Typed or printed name of signer

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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To:	8506176381
From:	jchin@foley.com
Sender's Direct Dial:	3054828431
Date:	02-21-2023 9:16 AM
Subject:	Honey Health Services, P.A.-Articles of Incorporation

**Delivery Details:**

Hi,

Please find attached, a copy of the fax filing for Honey Health Services, P.A. for the formation of this Florida corporation today.

Best,

**Josee Chin**  
*Paralegal II*

Foley & Lardner LLP  
One Biscayne Tower, 2 South Biscayne Boulevard Suite 1900, Miami, FL 33131  
Phone 305.482.8431  
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