

To:

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2023-04-13 15:00:44 GMT

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From: Yanet Avila

3:23, 10:44 A

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
HONEYBEE PHYSICAL THERAPY LLC.

M.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR LORITA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Honeybee Physical Therapy LLC.
 (Name and with the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1017 Selken Way Unit 1134
Orlando, FL 32824

ORME

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:

Yessenia Koontz
 Name

1017 Selken Way Unit 1134
 Florida street address (P.O. Box NOT acceptable)

Orlando FL 32824
 City Zip

During these current or past year(s) you and to accept service of process for the above named 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 understand with and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Y Koontz
 Registered Agent's Signature (If OUTSIDE)

(CONTINUED)

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ARTICLE IV:

The names and addresses of the persons authorized to manage and control the Limited Liability Company.

NAME:

"AMBR" a. Antares, Miami

"AMBR" Miami

NAME AND ADDRESS:

AMBR

Yessenia Koontz
10117 Salkin Way Unit 1134
Orlando, FL 32814

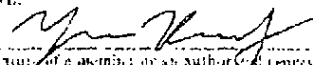
(If no machinery is needed)

ARTICLE V: Effective date: (Indicate the date of filing) _____ (OPTIONAL)

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

ARTICLE VI: Other provisions (if any)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
By executing this document (SRS 602.01) under Florida Statutes, the execution of this document constitutes an affirmation and the penalties of perjury that the filer signed for the law firm as well as any false information submitted to the Department of State constitutes a third degree felony as provided for in § 817.12(1)(a).

Yessenia Koontz

(Typed or printed name of filer)

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