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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRAVITZ TALAMO & LEYTON, PLLC
Account Number : I20150000096
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SECRETARY OF STATE
TALLAHASSEE, FL

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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.****

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**FLORIDA LIMITED LIABILITY CO.
CAREFIRST INSURANCE GROUP LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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INCORPORATIONS
COMMERCIAL
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ARTICLES OF ORGANIZATION
CAREFIRST INSURANCE GROUP LLC.
A FLORIDA LIMITED LIABILITY COMPANY
(Pursuant to Chapter 605, Florida Statutes)

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1. **Name.** The name of the limited liability company is **CAREFIRST INSURANCE GROUP LLC.**
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is: 1165 west 49 Street, Suite 207, Hialeah, Florida 33012.
4. **Mailing Address.** The mailing address of the limited liability company is:

1165 west 49 Street, Suite 207, Hialeah, Florida 33012.

5. **Management.** The name and address of each person authorized to manage the Limited Liability Company:

Miguel Sicilia Almenara, Manager
Address: 1165 west 49 Street, Suite 207, Hialeah, Florida 33012.

Jorge Mario Reyes Montoya, Manager
Address: 1165 west 49 Street, Suite 207, Hialeah, Florida 33012.

6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Miguel Sicilia Almenara, Registered Agent
Address: 1165 west 49 Street, Suite 207, Hialeah, Florida 33012.

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 as provided for in Chapter 605, F.S.

MSA

Miguel Sicilia Almenara, Registered Agent

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

Executed this 10th day of May, 2023.

MSA
Miguel Sicilia Almenara
Manager

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes under the penalties of perjury that the facts stated herein are true. 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.)

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