

5/15/23, 4:09 PM

**L23 000 238735**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000180389 3)))



H230001803893ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : ACCOUNTING HEART LLC  
Account Number : 120220000077  
Phone : (954)673-6545  
Fax Number : (954)827-3314

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

Email Address: Htorres@accoheart.com

RECEIVED  
2023 MAY 15 PM 4:27  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
PLUS 1 PT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
2023 MAY 15 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

**PLUS 1 PT LLC**

**ARTICLE II - Address:**

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

**3445 Santa Rita Ln, Land O Lakes, FL 34639**

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

**Luis A. Rivas**

**3445 Santa Rita Ln, Land O Lakes, FL 34639**

**ARTICLE IV-**

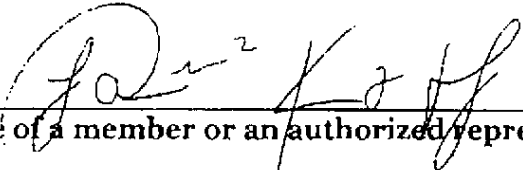
The name and title of each person authorized to manage and control the Limited Liability Company:

**Title: MGR**

**Luis A. Rivas**

**3445 Santa Rita Ln, Land O Lakes, FL 34639**

**FILED**  
**2023 MAY 15 AM 11:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

**Required Signatures:**  
**Signature of a member or an authorized representative of a member.**

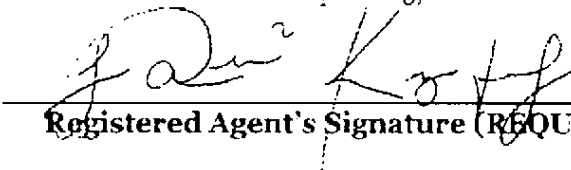
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

Luis A. Rivas

**Typed or printed name of signee**

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.

  
**Registered Agent's Signature (REQUIRED)**

**FILED**  
2023 MAY 15 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FL