

L23000256550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

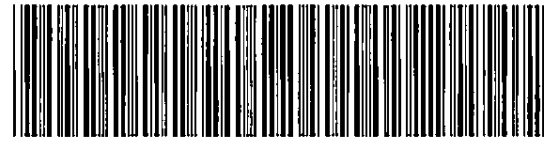
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200407603552

05/25/23--01004--014 125.00
TALAHASSEE
2023 MAY 25 AM 6:55

RECEIVED
2023 MAY 25 AM 10:21
SECRETARY OF STATE
TALAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: Cat 5/25

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** LLC _____

1. LARKIN PA PROGRAM, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

LARKIN PA PROGRAM, LLC

Article II

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

1435 W 49th Place
Suite 503
Hialeah, Florida 33012

The mailing address of the Limited Liability Company is:

1435 W 49th Place
Suite 503
Hialeah, Florida 33012

The email address to receive notifications from the Florida Department of State is:

Jcarballo@projectaccessfoundation.org

Article III

The name and Florida street address of the registered agent is:

Julie Allison, Esq.
4601 Sheridan Street
Hollywood, Florida 33021

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Julie Allison, Esq.

2023 MAY 25 AM 6:55
FALL COUNTY, FLORIDA

Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Alba Guerrero
Title: Manager
1435 W 49th Place
Suite 503
Hialeah, Florida 33012

Rudi Etrich PhD
Title: Manager
1435 W 49th Place
Suite 503
Hialeah, Florida 33012

Signature of member or an authorized representative: /s/ Rudi Etrich PhD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.