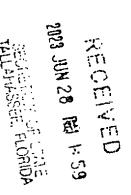
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(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



100411199901



..... PH 2: 11

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIAS REHABILI	TATION SERVICES LLC	
Please Debit FCA	000000003 For: 125	
		 [
Thank you Seth N	eeley	
Stof	<i>'</i>	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рһию Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Scarch
/ .		Officer Search
A	2/	Fictitious Search
Signature		Fictitious Owner Search
orgination /		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:

New Filing Section

Div	vision of Corporations		
SUBJECT:	LIAS REHABILITATION SERVI		
SUBJECT	Name of I	Limited Liabili	ry Company
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.
Please retun	n all correspondence concerning this	matter to the fo	ollowing:
	SAHIDI MATA		
•		Name of	Person
		Firm/Co	npany
	310 SE 9TH AVE		
		Addre	ess
	CAPE CORAL, FL 33990		
Đ	EPICBKLLC@GMAIL.COM	City/State and	I Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
:	SAHIDI MATA	786 (7153382
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	└─JCertific	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
	ATION SERVICES LLC tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:	
Princip	al Office Address:	Mailing Address:		
310 SE 9TH AVE CAPE CORAL FL	33990			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent. 'n.)	nt's Signature; You must designate an individual or	
	SAHIDI MATA			
		Name		
	310 SE 9TH AVE			
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)	
	CAPE CORAL	FL	33990	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the apportunitions of all statutes rebligations of my position	ointment as register lating to the proper	e above stated limited liability company at the ed agent and agree to act in this capacity. It and complete performance of my duties, and las provided for in Chapter 605, F.S	

(CONTINUED)

23 Jul 25 PH 2: 1

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	
"MGR" = Manager	
MGR	SAHIDI MATA
	310 SE 9TH AVE
	CAPE CORAL, FL 33990
(Use attachment if necessary)	
FICLE V: Effective date if other tha	the date of filing: 06/27/2023 (OPTIONAL)
n effective date is listed, the date m	st be specific and cannot be more than five business days prior to or 90 days a
late of filing.)	es not meet the applicable statutory filing requirements, this date will not be liste
document's effective date on the De	
FICLE VI: Other provisions, if any.	
Y AND ALL LAWFULL BUSINES	

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 s.817.155, F.S.

SAHIDI MATA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)