

7/5/23 5:32 PM

Division of Corporations

L230000318189

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.

((H23000236515 3)))



H230002365153ABC.

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 : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: YAAKOV.MAVASHEV@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
Ciclo Care LLC

RECEIVED
2023 JUL -6 AM 8:17
CORPORATIONS
COMMERCIAL
SERVICES

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

2023 JUL -6 PM 1:48
FALLA: ASSI
17:11

Electronic Filing Menu Corporate Filing Menu Help

ma

((H23000236515 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cielo Care LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4600 South Ocean Blvd, Apt 901C

Highland Beach, FL 33487

Mailing Address:

4600 South Ocean Blvd, Apt 901C

Highland Beach, FL 33487

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:

Katrina Stella

Name

4600 South Ocean Blvd, Apt 901C

Florida street address (P.O. Box **NOT** acceptable)

Highland Beach

FL

33487

City

State

Zip

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.

/s/ Katrina Stella

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H23000236515 3)))

2023 JUL -6 PM 1:49
FALL ANNUAL STATEMENT
FILED

((H23000236515 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Yaakov Mavashev

4600 South Ocean Blvd, Apt 901C

Highland Beach, FL 33487

AMBR

Katrina Stella

4600 South Ocean Blvd, Apt 901C

Highland Beach, FL 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

/s/ Yaakov Mavashev

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.

Yaakov Mavashev

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)

FILED
ALL AMASSI 11:00PM

2023 JUL -6 PM 1:49

((H23000236515 3)))