

L23000347703

Florida Department of State
Division of Corporations
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ELEVATE HEALTHCARE BILLING SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2023 JUL 21 PM 3:22

REGISTRATION
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23 JUL 21 AM 10:44
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEVATE HEALTHCARE BILLING SOLUTIONS LLC

(Must contain 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:

Mailing Address:

10676 COLONIAL BLVD

STE 30 #575

FT. MYERS, FL 33913

SAME

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:

YASIED WAGNER

Name

10676 COLONIAL BLVD STE 30 #575

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

FT. MYERS

FL

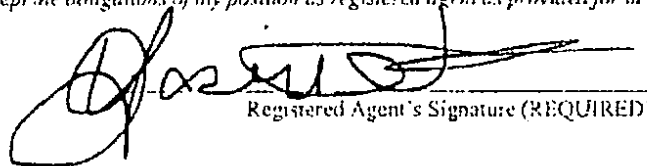
33913

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:**Name and Address:**

*AMBR" = Authorized Member

*MGR" = Manager

AMBR

ANDREW WAGNER
10676 COLONIAL BLVD STE 30 #575
FT. MYERS, FL 33913

AMBR

YASIED WAGNER
10676 COLONIAL BLVD STE 30 #575
FT. MYERS, FL 33913

(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:

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 17.155, F.S.

YASIED WAGNER

Typed or printed name of signer

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)

23 JUL 21 AM 10:16
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED