

623000348303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

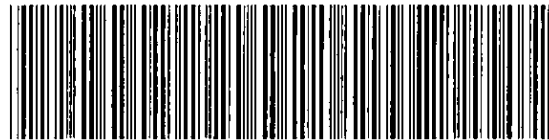
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTH INNA SIP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERMAINE COLEMAN

Name of Person

HEALTH INNA SIP LLC

Firm/Company

27542 SW 139TH PLACE

Address

HOMESTEAD, FL 33032

City/State and Zip Code

INFO@TECFMIAMI.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERMAINE COLEMAN

305

833-2416

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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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/MGR

JERMAINE COLEMAN
27545 SW 139TH PLACE
HOMESTEAD, FL 33032

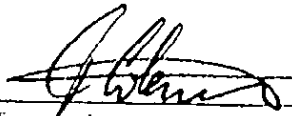
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.817.155, F.S.

JERMAINE COLEMAN

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH INNA SIP, 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:

JERMAINE COLEMAN
27542 SW 139TH PLACE
HOMESTEAD, FL 33032

Mailing Address:

27542 SW 139TH PLACE
HOMESTEAD, FL 33032

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:

JERMAINE COLEMAN


Name

27542 SW 139TH PLACE

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

| | | |
|------------------|-----------|--------------|
| <u>HOMESTEAD</u> | <u>FL</u> | <u>33032</u> |
| 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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