Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Enail	Address:	

FLORIDA LIMITED LIABILITY CO. MAGNOLIA SLEEP CENTER AND WELLNESS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLE I - Name:

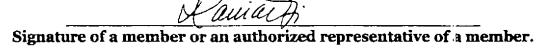
The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Magnolia Sleep Center and Wellness,	<u>ر</u> لا	10
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili Company is:	ty	
6244 Minamar Play		
Minamar Play Minamar, R 33023		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limit at Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	У	
6244 Missamar Pky Missamar, FL 33023		·
Minanar, FL 33023		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	2023 SEP 14	ANY TEN
Jose Lagrin Nieves (AMBR) 100%	A	- 교도트
Jose Jagsin Nieves (AMBR) 100%. Ricardo Sciz (MGR)		<u> </u>
Dimia (fi (MGR)	7	
Dania Amelia Oti (MGR)		

EIN: 93-3401365

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 8.817.155, F.S.

Typed or printed name of signee

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)