

# L23000478668

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.

(((H23000364123 3)))



H230003641233ABCY

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 : CA BOOKKEEPING AND PAYROLL SERVICES INC

Account Number : 120230000067

Phone : (786)992-1894

Fax Number : (786)364-1645

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. PRACTITIONER MEDICAL CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
2023 OCT 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 OCT 19 PM 4:19

H230003641233

ATA1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PRACTITIONER MEDICAL CARE LLC

(Must contain the words "Limited Liability," "LLC," 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:300 WOODLAND RD  
PALM SPRINGS FL 33461300 WOODLAND RD  
PALM SPRINGS FL 33461

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

YANACY CENDOYA

Name

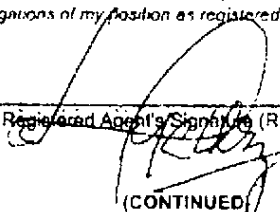
300 WOODLAND RDFlorida street address (P.O. Box **NOT** acceptable)PALM SPRINGSFL 33461

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)

FILED

2023 OCT 19 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H230003641233

H230003641233

ATX1

**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:**

YANAICY CENDOYA  
300 WOODLAND RD  
PALM SPRINGS FL 33461

(Use attachment if necessary)

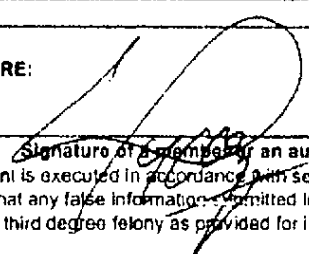
ARTICLE V: Effective date, if other than the date of filing: 10/19/2023 (OPTIONAL)

(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.817.155, F.S.

YANAICY CENDOYA

Typed or printed name of signee

**FILED**  
2023 OCT 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H230003641233