

L23000480541  
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.

((H23000367034 3)))



H230003670343ABC

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 : THE TAX GROUP INC  
Account Number : 120180000051  
Phone : (305)223-4648  
Fax Number : (786)361-1360

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

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

TJH

10/23/23

FLORIDA LIMITED LIABILITY CO.  
NP MEDICAL CARE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 20 PM 2:39

FILED

RECEIVED  
2023 OCT 20 AM 11:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Handwritten signature

H 23000367034 3

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NP MEDICAL CARE LLC

(Must contain the words "Limited Liability," "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:

300 WOODLAND RD  
PALM SPRINGS FL 33461

300 WOODLAND RD  
PALM SPRINGS FL 33461

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:

ROLDAN FELIPE SCHAFFHAUSER

Name

300 WOODLAND RD

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

PALM SPRINGS FL 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 20 PM 2:39

FILED

H 23000367034 3

H/230003670343

ATX:

**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:**

ROLDAN FELIPE SCHAFFHAUSER

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 805.0203 (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.

ROLDAN FELIPE SCHAFFHAUSER

Typed or printed name of signer

FILED  
2023 OCT 20 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H/230003670343