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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8886

Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: joshva. grimm & gray-robinson. Com

## FLORIDA LIMITED LIABILITY CO.

Bless Medical Center Holdco, LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION

FOR ELECTRIC OF STATE

## FLORIDA LIMITED LIABILITY COMPANYHASSEE, FL

## ARTICLE I

NAME

The name of this Limited Liability Company is:

#### BLESS MEDICAL CENTER HOLDCO, LLC

# ARTICLE II Address

The initial mailing address and street address of the principal office of this Limited Liability Company is:

440 E Sample Road, Suite 107 Pompano Beach, Florida 33064

# ARTICLE III Purpose

This Limited Liability Company is organized for the purposes of any lawful business under Chapter 605, Florida Statutes.

### ARTICLE IV Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

#### Managers:

- 1. Jeffrey Franzoni, 440 E Sample Road, Suite 107, Pompano Beach, Florida 33064
- 2. Gareth Rees, 440 E Sample Road, Suite 107, Pompano Beach, Florida 33064
- 3. Manuel Sanchez, 440 E Sample Road, Suite 107, Pompano Beach, Florida 33064
- 4. Andres Blanco, 440 E Sample Road, Suite 107, Pompano Beach, Florida 33064

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# ARTICLE IV Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Joshua Grimm, Esq. Gray Robinson, P.A. 301 E Pine Street, Suite 1400 Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

#### REGISTERED AGENT'S SIGNATURE

Joshua Grimm

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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Joshua Grimm, Authorized Representative