

L2300560140

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.

(((H23000439649 3)))



H230004396493ABC7

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 : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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. SPINE & BEYOND CARE PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

12/28/23

2023 DEC 27 PM 3:16

2023 DEC 27 PM 1:55

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the limited liability company is:

SPINE & BEYOND CARE PLLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

1000 W ISLAND BLVD, APT 1007, AVENTURA, FL 33160

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

JULIAN DANIEL ROZENSTEIN, 1000 W ISLAND BLVD, APT 1007, AVENTURA, FL 33160

ARTICLE IV PURPOSE

The purpose for which this limited liability company is organized is:

The Profession of CHIROPRACTIC CARE

ARTICLE V AUTHORIZED REPRESENTATIVE / MANAGER

The name and address of each person authorized to manage and control the limited liability company:

***JULIAN DANIEL ROZENSTEIN, Authorized Representative
1000 W ISLAND BLVD, APT 1007, AVENTURA, FL 33160***

December 27, 2023

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..

s/ JULIAN DANIEL ROZENSTEIN
JULIAN DANIEL ROZENSTEIN
Registered Agent

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.

s/ JULIAN DANIEL ROZENSTEIN
JULIAN DANIEL ROZENSTEIN
Authorized Representative

2023 DEC 27 PM 1:55