

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000054738

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H240000429063ABC.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
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Phone : (718)362-4789
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: otmenshealth@gmail.com

FLORIDA LIMITED LIABILITY CO.
McAllister OT PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T.J.H.
2/1/24

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McAllister OT PLLC

(Must end with the words "Limited Liability Company," "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:

561 Riviera Drive

Tampa, FL 33606

561 Riviera Drive

Tampa, FL 33606

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:

Earl McAllister

Name

561 Riviera Drive

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

Tampa

FL

33606

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..

/s/ Earl McAllister

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Earl McAllister

561 Riviera Drive

Tampa, FL 33606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

The purpose of the professional limited liability company is: this is a professional limited liability company offering
Testosterone replacement therapy, peptide therapy, vitamin injection, and other lifestyle enhancement.

REQUIRED SIGNATURE:

/S/ Earl McAllister

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.

Earl McAllister

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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