## epartment of State

Division of Corporations Electronic Filing Cover Sheet

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to:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Phone

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## FLORIDA LIMITED LIABILITY CO.

YANI DA THERAPY LLC

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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name:
The name of the Limited Liability Company is:
S company is:
Mani DA Therapy LLC
- Jan nerolai
ARTICLE II - Address:
The mailing address and
Company is:
The mailing address and street address of the principal office of the Limited Liability
15831 SW 148+n TER WIAW FC 33196
JOD 148 TER INDIANI
141 HOU 1-C 33196
20110
A D'EVOY -
ARTICLE III - Registered Agent, Registered Office:
Company and the Florida street address of the
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
yanislaydis Piaz Aragon
January Diaz ADAMAN
15021
TED LUMB
MIANI FL 3-300
15834 SW 148th TER MIANI, FL 3:390.
ARTICLE IV
The name and title of each person and
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
· restrict)
yanisleydis Plaz Aragon (AUBD)
AUBRO
MOIL

## Required Signatures:

Signature of a member or an authorized representative of a member.

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 for in s.817.155, F.3.

Typed or printed name of signee

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)