

L24000088024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Art Prosper Health LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Tamargo

Name of Person

Ainsworth & Clancy, PLLC

Firm/Company

801 Brickell Avenue, 8th Floor

Address

Miami, FL 33131

City/State and Zip Code

info@business-csq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Tamargo

305

600-3816

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Art Prosper Health LLC

(Must contain 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:

1100 Brickell Bay Drive, #310747  
Miami, FL 33231

Mailing Address:

1100 Brickell Bay Drive, #310747  
Miami, FL 33231

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:

Ainsworth & Clancy, PLLC

Name

801 Brickell Avenue, 8th Floor

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

Miami

FL

33131

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, and 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..

John Ainsworth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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The name and address of each person authorized to manage and control the Limited Liability Company:

MGR

Miami, FL 33231

Miami, FL 33231

**\$ 5.00 Certificate of Status (Optional)**

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SECURITY DIVISION  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C.