Division of Corporations Electronic Filing Cover Sheet

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(((H240001212173)))



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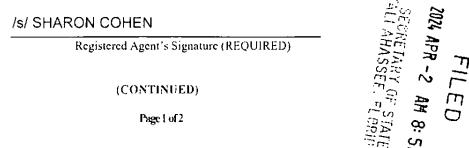
FLORIDA LIMITED LIABILITY CO. **BIOLIFT LLC**

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Help

04/02/2024 14:01 From: 17184082550 To: 18506176381 Date Time 04/02/24 02:01PM Pages: 3 P: 2/3 (((H240001212173))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: BIOLIFT LLC (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: 1776 POLK ST APT 1604 1776 POLK ST APT 1604 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 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: SHARON COHEN Name 1776 POLK ST APT 1604 Florida street address (P.O. Box NOT acceptable) HOLLYWOOD 33020 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.,



(((H240001212173)))

		Name and Address:
"MGR" =	= Authorized Member	
		SHARON COHEN
		1776 POLK ST APT 1604
		HOLLYWOOD, FL 33020
-		
LE V: Effe ffective date	hment if necessary) ctive date, if other than the is listed, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days
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