

624000163611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

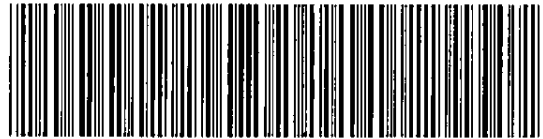
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600418433966

RECEIVED
2024 APR 10 AM 9:37
U.S. STATE
TALLAHASSEE, FL
04/10/24--01001--0000

RECEIVED
2024 APR 10 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 4/9

	CERTIFIED COPY	_____
XX	PHOTOCOPY	_____
	GS	_____
XX	FILING	<u>LLC</u>

1. SOUTH FLORIDA FAMILY HEALTH PARTNERS, PLLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
2024 APR 10 AM 9:37
TALLAHASSEE, FL
STATE

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: South Florida Family Health Partners, PLLC

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:

MAX ADAMS

Name of Person

THE MEDI LAW FIRM

Firm/Company

4929 SW 74TH CT

Address

MIAMI FL 33155

City/State and Zip Code

EVELYN@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

MAX ADAMS

305

444-3484

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

FILED
TALLAHASSEE, FL
DIVISION OF STATE

2024 APR 10 AM 9:37

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Florida Family Health Partners, PLLC

(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:

17001 SW 87TH CT
PALMETTO BAY, FL 33157

Mailing Address:

17001 SW 87TH CT
PALMETTO BAY, FL 33157

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:

THE LAW OFFICES OF MAX A. ADAMS ESQ PLLC

Name

4929 SW 74TH CT 1ST FL

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

MIAMI

FL

33155

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 APR 10 AM 9:37

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

FAMILY HEALTH HUB, PLLC
17001 SW 87TH CT
PALMETTO BAY, FL. 33157

MGR

ADDICTION CONSULTANTS, PLLC
17001 SW 87TH CT
PALMETTO BAY, FL. 33157

(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.

ALL BUSINESS IN MEDICINE AND IN HEALT

REQUIRED SIGNATURE:



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.

MAXADAMS-AUTHORIZED-REPRESENTATIVE

Typed or printed name of signer

2024 APR 10 AM 9:37
FILED IN STATE
SECRET FL

FILED

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)