

L24000165220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

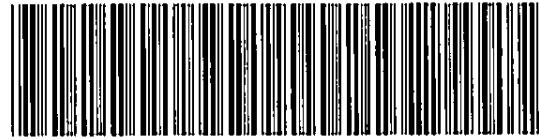
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S. CHATHAM  
APR 11 2024

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**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

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LLC

1. **DIABETERS HEALTH & WELLNESS CLINIC LLC**

(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 #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrected



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2024

CORPORATE ACCESS, INC.

SUBJECT: DIABETERS HEALTH & WELLNESS CLINIC LLC  
Ref. Number: W24000055702

We have received your document for DIABETERS HEALTH & WELLNESS CLINIC LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The name of the registered agent is missing.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 924A00007495

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TALLAHASSEE, FLORIDA

# ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is:

# DIABEATERS HEALTH & WELLNESS CLINIC LLC

## ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

3440 HOLLYWOOD BLVD STE 415

HOLLYWOOD FL 33021

The mailing address of the Limited Liability Company is:

PO BOX 450607

FT LAUDERDALE FL 33345

## ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## ARTICLE IV.

The name and the Florida street address of the registered agent are:

MACHADO CHIN, SABRINA

4685 NW 115<sup>TH</sup> WAY

SUNRISE FL 33323

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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.

Syachado - Chin

Registered Agent's Signature

4 | 4 | 24

Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

MACHADO CHIN, SABRINA

4685 NW 115<sup>TH</sup> WAY

SUNRISE FL 33323

Syachado - Chin

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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.S.

Engelhardt - Chris

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

SABRINA MACHADO - CHEN      4/4/24

*Typed or printed name of signee*

*Date*

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