

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000196122

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the filing.

(((H24000159115 3)))



H240001591153ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LHHS HOLDING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 MAY -1 PM 3:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 MAY -1 AM 8:24

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LHHS Holding LLC

ARTICLE II - Address:

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

7225 NW 25 St.

Suite 105

Miami FL 33122

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Felix Alberto Aguilera

7225 NW 25 St., Suite 105

Miami FL 33122

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Felix Alberto Aguilera AMBR

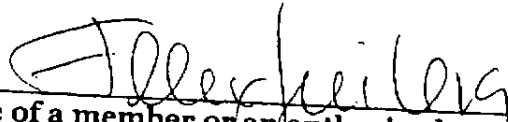
Odilio Carraval AMBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAY - 1

EIN: 99-2790658

Required Signatures:

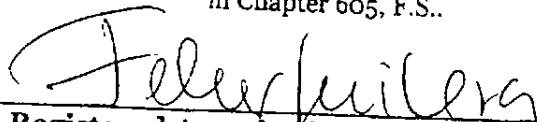


Signature of a member or an authorized representative of a member.

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.S.

Felix Alborto Aguilera
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)