L24000201889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

SISPCA LLC

PLEASE RETURN A STAMPED COPY

CHECK: #9878 AMOUNT: $130.00

THANK YOU

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SISPCA 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:

CLARA MONTEAGUDO
Name of Person

CBA TAX SERVICES LLC
Firm/Company

7455 COLLINS AVE., SUITE 209
Address

MIAMI BEACH, FL 33141
City, State and Zip Code

info@cbataxservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA MONTEAGUDO at (954) 608-4896
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)

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2024 MAY -3 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SISPCA 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:	**Mailing Address:**
2104 NE 167th STREET, SUITE P4 NORTH MIAMI BEACH, FL 33162	7455 COLLINS AVE SUITE 209 MIAMI BEACH FL 33141

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:

MANUEL CONTRERAS
Name

2104 NE 167th STREET, SUITE P4
Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH FL 33162
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)

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	
MGR	MANUEL CONTRERAS 2104 NE 167th STREET, SUITE P4 NORTH MIAMI BEACH FL 33162
MGR	LUIS E. RINCON 2104 NE 167th STREET, SUITE P4 NORTH MIAMI BEACH FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/05/2024 (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 a the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
MEDICAL INSURTY SERVICES, SALE & LEASE OF MEDICAL EQUIPMENT AND ALL LEGAL RELATED BUSINESS.

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.

MANUEL CONTRERAS
Typed or printed name of signee

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)

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TALLAHASSEE, FL