

L24000201889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

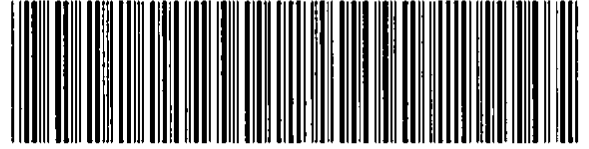
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000428441420

2024 MAY -3 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

RECEIVED
2024 MAY -3 PM 3:35
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

FILED
2024 MAY -3 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SISPCA LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fees 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 200

Address

MIAMI BEACH, FL 33141

City, State and Zip Code

info@cbataservices.com

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO

954

608-4896

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

☐ \$135.00 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

2024 MAY -3 AM 9:47
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

FILED

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:

2104 NE 167th STREET, SUITE P4
NORTH MIAMI BEACH, FL 33162

Mailing Address:

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

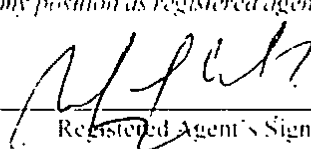
33162

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY -3 AM 9:47

FILED

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 as 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 Statute
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 signer

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)

2024 MAY -3 AM 9:47
CLERK OF STATE
ALACHUA COUNTY, FL

FILED