

# 124000209493

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**FLORIDA LIMITED LIABILITY CO.  
DIAZ HEALTHCARE CENTER, LLC**

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

**DIAZ HEALTHCARE CENTER, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**DIAZ HEALTHCARE CENTER, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**3306 SW 27<sup>TH</sup> PL  
CAPE CORAL, FL. 33914**

The mailing address shall be:

**3306 SW 27<sup>TH</sup> PL  
CAPE CORAL, FL. 33914**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE**

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

**MANUEL DIAZ**

**3306 SW 27<sup>TH</sup> PL**

Florida Street address (P.O. BOX NOT acceptable)

**CAPE CORAL, FL. 33914**

City, State, and Zip

2024 MAY -9 PM 3:28

FILED

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**

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MANUEL DIAZ**  
3306 SW 27TH PL  
CAPE CORAL, FL. 33914

**AMBR**



Signature of a member or an authorized representative of a member.  
(In accordance with section 805.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MANUEL DIAZ**

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FLA