

# L24000213001

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CESPEDES CPA, INC  
Account Number : I20220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

RECEIVED  
2024 MAY 13 AM 9:58  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
LLERA'S HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
2024 MAY 13 AM 8:30  
TALLAHASSEE, FLORIDA

MS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LLERA'S HEALTH 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:12943 SW 229TH TER  
MIAMI FL 33170Mailing Address:12943 SW 229TH TER  
MIAMI FL 33170

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LLERA, ORLANDO

Name

12943 SW 229TH TER

Florida street address (P.O. Box NOT acceptable)

MIAMI


FL

33170

City

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.

  
\_\_\_\_\_  
12943 SW 229TH TER  
MIAMI, FL 33170

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:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

LLERA, ORLANDO

12943 SW 229TH TER

MIAMI FL 33170

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.

**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.

LLERA, ORLANDO

Typed or printed name of signer

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2024 MAY 13 AM 8:30  
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