

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000229940
FILED 8:00 AM
April 17, 2024
Sec. Of State
snchatham**

Article I

The name of the Limited Liability Company is:

AGENTCARE, LLC

Article II

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

1948 SW 28TH WAY
FORT LAUDERDALE, FL. UN 33312

The mailing address of the Limited Liability Company is:

1948 SW 28TH WAY
FORT LAUDERDALE, FL. UN 33312

Article III

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

JAVIER GARCIA
1948 SW 28TH WAY
FORT LAUDERDALE, FL. 33312

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.

Registered Agent Signature: JAVIER GARCIA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: CEO
JAVIER GARCIA
1948 SW 28TH WAY
FORT LAUDERDALE, FL. 33312 UN

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Article V

The effective date for this Limited Liability Company shall be:

04/18/2024

Signature of member or an authorized representative

Electronic Signature: JAVIER GARCIA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

May 17, 2024

L24000229940

TO: State of Florida, Department of State, Corporate Filings

RE: Document Number: W24000063179
Entity Name: AGENTCARE, LLC
Tracking Number: 000427974310

To whom it may concern:

I am the owner of a business that was named "AgentCare". I dissolved that business. I have no intention of revoking the dissolution, therefore, I am releasing the name for use to another entity.

My nephew received the following notice when he tried to use the name:
"The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with a notarized affidavit, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity."

The document number of the name conflict is P23000074729.

I am writing so that he may be allowed to use the name.

Thank you.

Carmen Wiedenhoef

Carmen Wiedenhoef
722 Marion Avenue
Palo Alto, CA 94303
720-771-1791

see attached

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

On 05-17-2024 before me, Mark Szlazak, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Carmen Garcia Wiedenhoef

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of No Intention to Petition for Dissolution

Document Date: 05-17-2024

Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Carmen Wiedenhoef

☐ Corporate Officer - Title(s): _____

☐ Partner - ☐ Limited ☐ General

☒ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer - Title(s): _____

☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____