

(((H24000205160 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

nail	Address			

# FLORIDA LIMITED LIABILITY CO. BETHANIA HEALTH CARES SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



# ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE 1 - Name:**

The name of the Limited Liability Company is: (Must end with the words \*Limited Liability Company, "LLC," or "LLC.")

BETHANIA HEALTH CARES SERVICES LLC

#### ARTICLE II - Address:

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

14411 commerce way, suite 200 . Miami Lakes, FL 33016

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another musiness entity with an active Florida registration.)

Santiago Manuel Díaz Escalante AMBR

14411 commerce Way, Suite 200. Miami Lakes, FL 33016

## ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Santiago Manuel Diaz Escalante AMBR

Karina Ines Sulbaran Cantillo.

**AMBR** 

Katia Lucia Garrido Vergara.

**AMBR** 



# Required Signatures:

3052201440 -



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Santiago Manuel Diaz Escalante

Typed or printed name of signee

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)