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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-6230

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

Email Address: Citi.taxes@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
All-Star Special Care LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE  
ALLIANCE, FLORIDA

CMS

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: All-Star Special Care LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Armando Vasquez  
Name of Person  
Citi Taxes LLC  
Firm/Company  
5721 NW 112th Ave Apt 108  
Address  
Doral, FL 33178  
City/State and Zip Code  
citi.taxes@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Vasquez at (305) 803-4427  
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
- \$155.00 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 6127  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All- Star Special Care 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:

Mailing Address:

14259 SW 51st ST  
Miami, FL 33175

14259 SW 51st ST  
Miami, FL 33175

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:

MARIBEL ANDRADE RIVERO

Name

14259 SW 51st ST

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

Miami

FL

33175

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)

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**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

AMBR

MARIBEL ANDRADE RIVERO

14259 SW 51st ST

Miami, FL 33175

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

**ALL AND ANY LAWFUL 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 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

MARIBEL ANDRADE RIVERO

\_\_\_\_\_  
Typed or printed name of signee

**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)