

L240000303378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUL 11 AM 9:47

ALLAHASSEE, FL

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2024 JUL 11 PM 3:00

ALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 7/11/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1268650

ORDER ENTITY
MIRA CONCIERGE HEALTH LLC

FILED
2024 JUL 11 AM 9:47
TALLAHASSEE, FL

PLEASE PERFORM THE FOLLOWING SERVICES:

MIRA CONCIERGE HEALTH LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

Article I

The name of the Limited Liability Company is: MIRA CONCIERGE HEALTH LLC

Article II

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

660 GLADES ROAD
STE. 340
BOCA RATON, FL 33431

The mailing address of the Limited Liability Company is:

8730 TWIN LAKE DRIVE
BOCA RATON, FL 33496

Article III

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

KENNETH KONSKER
8730 TWIN LAKE DRIVE
BOCA RATON, FL 33496

Having been named as registered agent and to accept service of process for the above states 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: s/KENNETH KONSKER

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2024 JUL 11 AM 9:47
ALCOA STATE
ALCOA, ALABAMA

Article IV

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

AMBR
STEVEN KONSKER
16341 AMOTA COURT
ENCINO, CA 91436

AMBR
KENNETH KONSKER
8730 TWIN LAKE DRIVE
BOCA RATON, FL 33496

Signature of member or an authorized representative

Dated: July 11, 2024

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or 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.

FILED
2024 JUL 11 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE, FL