

L24000 303490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

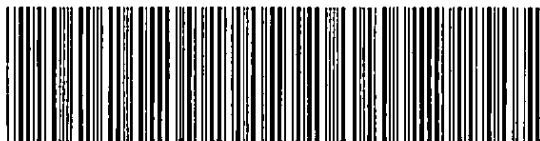
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUL 11 AM 9:47

STATE OF FLORIDA  
TALLAHASSEE, FL

RECEIVED

2024 JUL 11 PM 2:59

STATE OF FLORIDA  
TALLAHASSEE, FL

**Incorporating Services, Ltd.**

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



**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**

ADVOCARE AUDIT SOLUTIONS LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ADVOCARE AUDIT SOLUTIONS 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,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

**FILED**  
2024 JUL 11 AM 9:47  
TALLAHASSEE, FL

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: ADVOCARE AUDIT SOLUTIONS 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:

LORI 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/LORI KONSKER

FILED  
2024 JUL 11 AM 9:47  
CLERK OF DISTRICT COURT  
JAILHOUSE, FL

**Article IV**

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

AMBR  
STEVEN KONSKER  
16341 AMOTA COURT  
ENCINO, CA 91436

AMBR  
LORI 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 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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
2024 JUL 11 AM 12:17  
CLERK OF THE COURT  
STATE OF FLORIDA