

To:

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2024-08-26 19:42:52 GMT

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From: Yanet Avila

8/26/24, 3:40 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

PLATINUM HEALTH CHOICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2024 AUG 26 PM 4:48

DIVISION OF CORPORATIONS
COMMERCIAL

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2024 AUG 26 PM 3:34

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLATINUM HEALTH CHOICES 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:

7300 N FEDERAL HWY STE 201
BOCA RATON, FL 33431

Mailing Address:

2945 NW 68TH ST
FORT LAUDERDALE, FL 33309

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:

JUAN JOSE LOPEZ

Name

7300 N FEDERAL HWY STE 201

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


BOCA RATON FL 33431

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..


 Juan Jose Lopez (per Aug 26, 2024 15:30 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
 STATE OF FLORIDA
 AUG 26 2024

2024 AUG 26 PM 3:34

SECRET

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

JUAN JOSE LOPEZ

7300 N FEDERAL HWY STE 201

BOCA RATON, FL 33431

(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 30 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.

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.

JUAN JOSE LOPEZ

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)

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