

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

124000321593

Notar 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.

(((H24000321593 3)))

PL
9-23-24



H240003215933ABCS

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 : REGIONES UNIDAS CORP.
Account Number : I20180000087
Phone : (954)344-3555
Fax Number : (954)344-4494

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.
SCP OUTCOMES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

2024 SEP 20 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 20 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

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

ARTICLE I - NAME

The name of the Limited Liability Company is:

SCP OUTCOMES, LLC.

ARTICLE II - ADDRESS:

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

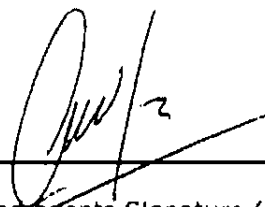
**6503 WINFIELD BLVD STE 125
MARGATE, FL 33065**

ARTICLE III - Registered Agent, Registered Office & Registered Agent Signature:

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

**ANIBAL J. ORJUELA
6503 WINFIELD BLVD STE 125
MARGATE, FL 33065**

Having been named as registered agent and to accept service of process at for the above stated corporation at the place designated in these Articles of Incorporation, 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 Agents Signature (REQUIRED)

**Prepared by:
Firmo Maldonado c/o Regiones Unidas
8010 W. Sample Road
Coral Springs, FL 33065
Phone (954) 344-3555**

FILED
2024 SEP 20 PM 4:07
CLERK OF STATE
TALLAHASSEE, FL

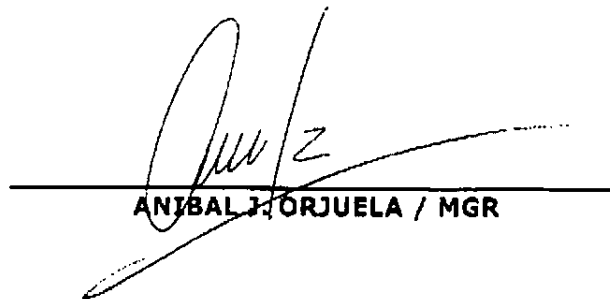
ARTICLE IV – Manager(s) or Managing Member(s)

The name and address of each Manager and managing Members is as follows:

**MGR:
ANIBAL J. ORJUELA
6503 WINFIELD BLVD STE 125
MARGATE, FL 33065**

ARTICLE V – Effective Date

SEPTEMBER 20, 2024


ANIBAL J. ORJUELA / MGR

2024 SEP 20 PM 4:07
SEC. CLERK OF STATE
TALLAHASSEE, FL

FILED