

L24000428150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

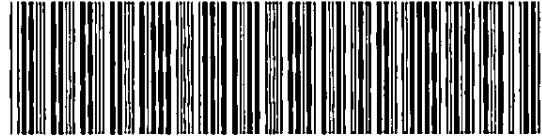
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/10/2024

****WALK IN****

ENTITY NAME INVITE HEALTH AT BOCA RATON-2, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E R J/D

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
OF
INVITE HEALTH AT BOCA RATON-2, LLC**

The undersigned, being the organizer of the Limited Liability Company, does hereby certify:

ARTICLE I: The name of the Limited Liability Company is: InVite Health at Boca Raton-2, LLC.

ARTICLE II: The mailing address of the principal office of the Limited Liability Company is c/o Certilman Balin Adler & Hyman, LLP, 90 Merrick Avenue, 9th floor, East Meadow, New York 11554, Attention: Fred Skolnik, Esq. The street address of the principal office of the Limited Liability Company is 2621 N Federal Hwy E, Boca Raton, Florida 33431.

ARTICLE III: The name and the Florida street address of the registered agent are: Nexa Corporate Solutions LLC, 3458 Lakeshore Drive, Tallahassee, Florida 32312.

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.

Maria R. Fischette

Registered Agent's Signature

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

Title:

Name and Address:

MGR

Alan Gordon
c/o Certilman Balin Adler & Hyman, LLP
90 Merrick Avenue, 9th floor
East Meadow, New York 11554
Attention: Fred Skolnik, Esq.

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.

/s/ Jake S. Butera

Jake S. Butera, Esq., Authorized Representative
Certilman Balin Adler & Hyman, LLP
90 Merrick Avenue, 9th floor
East Meadow, New York 11554