

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

1240003452243

Note: Please print the page and use as a cover sheet. Note the document number (shown in the top right corner) of this document and all pages of the document.

((H24000345224 3)))

10-16-24



H240003452243ABC-

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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.
ISA MEDICAL CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2024 OCT 15 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

2024 OCT 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

KJ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISA MEDICAL CENTER 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:Mailing Address:15655 PORTER RD
WINTER GARDENS FL 3478715655 PORTER RD
WINTER GARDENS FL 34787

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:

ORIANNA RAAZ

Name

15655 PORTER RDFlorida street address (P.O. Box **NOT** acceptable)

<u>WINTER GARDENS</u>	<u>FL</u>	<u>34787</u>
City	State	Zip

FILED
2024 OCT 15 PM 3:02
STATE
OF FLORIDA
CLERK OF CIRCUIT COURT

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 603, F.S.

Orianna Raaz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

ORIANNA RAAZ

15655 Porter Rd

Winter Gardens Fl 34787

MGR

ISABEL C DIAZ CUBA

15655 Porter Rd

Winter Gardens Fl 34787

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/15/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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:

Orianna Raaz

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.

ORIANNA RAAZ

Typed or printed name of signer

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)