

Florida Department of State

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : COURTACCESS CENTERS, LLC  
Account Number : 07535000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

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

Email Address: justinelikofer@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
BREATHE SLEEP CENTER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**BREATHE SLEEP CENTER LLC**

The mailing address and street address of the Limited Liability Company are:

**Mailing Address**

**5351 Bridge Street, Unit 107  
Tampa, FL 33611**

**Street Address**

**4312 W El Prado Blvd  
Tampa, FL 33629**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626,, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**5351 Bridge Street, Unit 107**  
**Tampa, FL 33611**

and the name of its registered agent at such address is:

**Justin Elikofer**

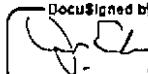
**ARTICLE VI**  
**Management**

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

**Name and Address**

**Justin Elikofer, Authorized Member**  
**5351 Bridge Street, Unit 107**  
**Tampa, FL 33611**

Dated: Tuesday, October 29, 2024

DocuSigned by:  


Justin Elikofer, Authorized Member

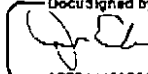
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

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**ACCEPTANCE BY REGISTERED AGENT**

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..

Date: October 29, 2024DocuSigned by:  
Justin Elikofer  
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