

Florida Department of State

LZ4000469776Division of Corporation
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DAQA ACCOUNTING SERVICES INC
Account Number : 120230000047
Phone : (954)842-1621
Fax Number : (305)675-3999

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.

A.Q.F. Florida Nursing Services LLC

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

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1/001 Fax Server

From: Jenny Couso



November 4, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAQA ACCOUNTING SERVICES INC

SUBJECT: FLORIDA NURSING SERVICES LLC
REF: W24000149119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P24000023604 ACT
FLORIDA NURSING SERVICES INC.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000364152
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#240003641523

ARTICLE I

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.C.F Florida Nursing Services LLC

(Must contain the words "Limited Liability," "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:

Example:

A.C.F Florida Nursing Services LLCA.C.F Florida Nursing Services100 SW 11th ST100 SW 11th STHallandale FL 33009Hallandale FL 33009 LLC

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:

JENNY COUSO

Name

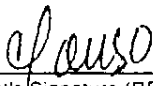
950 HILLCREST DRIVE STE 205Florida street address (P.O. Box NOT acceptable)HOLLYWOODFL 33021

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ATX1

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ALEJANDRINA CUESTA FRANCO

100 SW 11th ST

Hallandale FL 33009

(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 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:

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.

ALEJANDRINA CUESTA FRANCO

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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