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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
RAYS DO SOL THERAPY SERVICES LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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2024 NOV 13 PM 3:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 NOV 13 AM 3:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rays Dō Sol Therapy Services 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:

9381 NW 25th Ct.

Sunrise FL, 33322

Mailing Address:

9381 NW 25th Ct.

Sunrise, FL 33322

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:

Lismary Fernandez

Name

9381 NW 25th Ct.

Florida street address (P.O. Box NOT acceptable)

Sunrise

FL

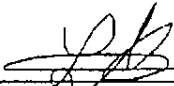
33322

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)

2024 NOV 13 AM 3:15
STATE
SECRETARY
FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

ARTICLE V. _____ Manager

(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.

Lismary Fernandez

9381 NW 25th Ct.

Sunrise, FL 33322

(Use attachment if necessary)

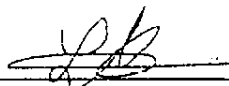
ARTICLE V: Effective date, if other than the date of filing: January 1, 2025 (OPTIONAL)

(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.

Lismary Fernandez

Typed or printed name of signer

2024 NOV 13 AM 3:45
CLERK OF THE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII

ARTICLE VIII