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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TAFE
2025 JAN 13

APPARENT HEALTHCARE SOLUTIONS, LLC

630 NW 189th Street Miami, FL 33169 (786)838-7090

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 3rd, 2025

Subject: Release of Corporation Name

This is to certify that I am the Manager of APPARENT HEALTHCARE SOLUTIONS, LLC. listed under document No. L19000130340 and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,

Sunday A Adesina

Sunday A Adesina
Manager

RECEIVED
SECRETARY OF
STATE
JAN 10 2025

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: APPARENT HEALTHCARE SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sunday A Adesina

Name of Person

APPARENT HEALTHCARE SOLUTIONS, LLC

Firm/Company

630 NW 189th STREET

Address

MIAMI, FL 33169

City/State and Zip Code

mddayo30@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sunday A Adesina 786 838-7090
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| ☒ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
JAN 10 2007
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPARENT HEALTHCARE SOLUTIONS, 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:

630 NW 189th STREET

MIAMI, FL 33169

SAME AS PRINCIPAL ADDRESS

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:

ADESINA, SUNDAY A

Name

630 NW 189th STREET

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

MIAMI

FL

33169

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.

Sunday Adesina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 JUN 10 PM 6:10
STATE OF FLORIDA
CLERK OF THE SUPREME COURT

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

630 NW 189th STREET
MIAMI, FL 33169

(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.

N/A

REQUIRED SIGNATURE:

Sunday Adesina

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.

SUNDAY A ADESINA

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)

RECEIVED
FILED
JUNE 11 2010
CLERK OF THE
DEPARTMENT OF
STATE