

H25000049628

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To:

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

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

[Handwritten signature]
2/11/25

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

Email Address: Christina.Veliz@aol.com

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STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO.
Our Personal MD LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

STATE OF FLORIDA
TALLAHASSEE, FL

2025 FEB -6 PM 9:50

PM 5:50

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Audit # H25000009801
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Our Personal MD LLC

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

**10557 Pisa Rd
Wellington, FL 33414**

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 L.L.C. a
non-lawyer located at 13046 Race Track Rd,
Suite 131, Tampa, FL 33626, 813-875-1333.

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CLERK OF STATE
TALLAHASSEE, FL

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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:

**10557 Pisa Rd
Wellington, FL 33414**

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

Christina Veliz

ARTICLE VI
Management

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

Name and Address

**Christina Veliz, Authorized Member
10557 Pisa Rd
Wellington, FL 33414**

**Marai Roque Solares, Authorized Member
10557 Pisa Rd
Wellington, FL 33414**

**Sunil Modi, Authorized Member
10557 Pisa Rd
Wellington, FL 33414**

Dated: Wednesday, February 05, 2025

Signed by:

Christina Veliz

Christina Veliz, 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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SECRETARY OF STATE
TALLAHASSEE, FL

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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: February 5, 2025

Signed by:

Christina Veliz_____
Christina Veliz

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SECRETARY OF STATE
TALLAHASSEE, FL

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