

L25000217173

15/5/25

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : Trust Pro services
Account Number : 170250000048
Phone : (786)672-8816
Fax Number : (786)672-8816

****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.
B&L SOCIAL WOLKER CLINIC LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2025 MAY 15 PM 3:38

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Corporate Filing Menu

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2025 MAY 15 AM 10:41
THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: B&L SOCIAL WOLKER CLINIC 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:

BORIS L IZQUIERDO SOSA

Name of Person

Firm/Company

11441 NW 37TH PL

Address

SUNRISE FL 33323

City/State and Zip Code

TRUSTPROSERVICES06@GMAIL.COM

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

For further information concerning this matter, please call:

BORIS L IZQUIERDO

786

2877414

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

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2025 MAY 15 AM 10:41
CLERK OF COURT
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B&L SOCIAL WALKER CLINIC 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:11441 NW 37TH PL. SUNRISE FL 3332311441 NW 37TH PL.SUNRISE FL33323

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:

TRUST PRO SERVICES LLC

Name

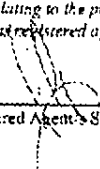
11610 NW 7 AVEFlorida street address (P.O. Box NOT acceptable)MIAMIFLORIDA33168

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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 2025 MAY 15 AM 10:41
 CLERK OF DISTRICT COURT
 CLERK OF DISTRICT 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:AMBRBORIS L. IZQUIERDO SOSA11441 NW 37TH PLSUNRISE, FL 33321

(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.SOCIAL THERAPY AND MENTAL SERVICES**REQUIRED SIGNATURE:**Boris Izquierdo Sosa

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. 217.155, F.S.BORIS L. IZQUIERDO SOSA

Typed or printed name of signer

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)