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15/5/25, ... Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : Trust Pro services
Account Number : I20250000048
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
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TALLAHASSEE, FLORIDA

SR

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 at (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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

B&L SOCIAL WOLKER 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 33323	11441 NW 37TH PL SUNRISE FL 33323

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

MIAMI FLORIDA 33168
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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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:
AMBR	BORIS L IZQUIERDO SOSA 11441 NW 37TH PL SUNRISE FL 33323

(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 L 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.817.155, F.S.

BORIS L IZQUIERDO SOSA
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)