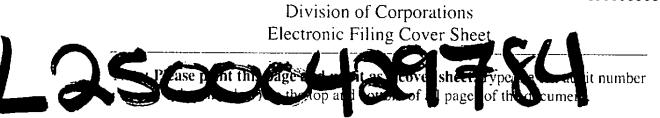
Florida Department of State

H25000336587 3



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CITI TAXES LLC Account Number : I20230000131 Phone : (305)803-4427 Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

FLORIDA LIMITED LIABILITY CO. RPM THERAPY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Corporate Filing Menu

Help

From: Armando Vasquez

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COVER LETTER

	New Filing Se Division of Co				
SURIFC	RPM THE	ERAPY, LLC			
300000	·	Name	of Limited Lia	bility Company	
The enclo	sed Articles of	Organization and fo	e(s) are submitt	ed for filing.	
Please ret	urn all corresp	ondence concerning	this matter to th	e following:	
	Armando V	asquez			
			Name	of Person	
	Citi Taxes 1	.LC			
			Firm/	Company	
	5721 NW 1	12th Ave Apt 108			
			Ad	ldress	
	Doral, FL 3	3178			
	aiti tana Giba	in a sur-	City/State	and Zip Code	
	citi.taxes@ya		e used for futur	e annual report notifica	ation)
For further		oncerning this matter.		e minem report internet	,
	Armando Va	squez	305 at (803-4427	
	Nan	ne of Person		Daytime Telepho	one Number
Enclosed i	s a check for t	he following amount	<u>:</u>		
■\$125.00) Filing Fee	□\$130.00 Filing Certificate of Sta	us Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ig Address filing Section on of Corporations fox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H25000336587 3

ARI	rici	LE I	- Na	me:

The name of the Limited Liability Company is:

RPM THERAPY, 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:
171 NW 97th Ave Apt 114	171 NW 97th Ave Apt 114
Miami. FL 33172	Miami, FL 33172

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:

AMNERIS CRIST	<u>INA ROCHA RODR</u>	IGUEZ
	Name	
171 NW 97th Ave	Apt 114	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	eceptable)
Miami	FL	33172
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)

ARTICLE IV-

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Title:	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager	
AMBR	AMNERIS CRISTINA ROCHA RODRIGUEZ
	171 NW 97th Ave Apt 114
	Miami, FL 33172
(I lea attachmant (formanne)	
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date mutually and the date mutually and the date mutually are set to be	n the date of filing:
LE V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block d	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
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