

## Florida Department of State

Division of Corporations

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Email Address: WILLIAM@HOMSI.LAW.COM

FLORIDA LIMITED LIABILITY CO.

ADDA BLESSED HOPE FUNCTIONAL MEDICINE FAMILY

PRACTICE, PLLC

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
FOR**

**ADDA BLESSED HOPE FUNCTIONAL MEDICINE FAMILY PRACTICE, PLLC**

The undersigned, for the purpose of forming a Florida Professional Service Limited Liability Company under the Florida Professional Service Limited Liability Company Act, Florida Statutes Chapter 621, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**

The name of the Professional Service Limited Liability Company is:

ADDA BLESSED HOPE FUNCTIONAL MEDICINE FAMILY PRACTICE, PLLC

**ARTICLE II**

The street address of the principal office of the Professional Service Limited Liability Company is:

4076 E. SR 44  
WILDWOOD, FLORIDA 34785

The mailing address of the Professional Service Limited Liability Company is:

4076 E. SR 44  
WILDWOOD, FLORIDA 34785

**ARTICLE III**

The purpose for which this Professional Service Limited Liability Company is organized is to engage in the practice of functional medicine.

**ARTICLE IV**

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

**FILED**  
2024 JUL 25 PM 12:23  
CLERK OF STATE  
TALLAHASSEE, FL

**H**  
HOMSI LAW, P.A.

Mailing Address  
8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
www.HomsiLaw.com

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## ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A.  
8815 CONROY-WINDERMERE ROAD  
#402  
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



William M. Homsí, President

The Members hereby delegate the management of the PLLC to Manager(s).  
The name and address of persons(s) authorized to manage the PLLC:

Operating Manager: MARIA LOURDES ROSE PORTO EVANGELISTA-FLORES

Address of the Managers and Officers being the same as the Principal Address of the PLLC.

Signature of an Authorized Representative:



William M. Homsí, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the PLLC and every year thereafter to maintain active status.

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TALLAHASSEE, FL

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Orlando, Florida 32835  
(407) 377-5507  
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**H**  
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