

8/9/24, 5:38 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
C2400026857047012

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000268570 3)))



H240002685703ABC1

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 : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: AJOUDAI@AFFINITYHEALTHMANAGEMENT.COM

2024 AUG 12 AM 9:33
RECEIVED
CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 AUG 12 PM 2:00

FLORIDA LIMITED LIABILITY CO.
AFFINITY CARE OF MARION COUNTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

MS

((H240002685703)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFFINITY CARE OF MARION COUNTY LLC

(Must end with 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:

2102 AVE Z, SUITE 201
BROOKLYN, NY 11235

Mailing Address:

LAW OFFICES OF ALAN SASSON ATIN ARIEL JOUDAI
2102 AVE Z, SUITE 201
BROOKLYN, NY 11235

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:

SAMUEL STERN

Name

1271 97TH ST

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

BAY HARBOR ISLANDS FL 33428

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.

/s/ SAMUEL STERN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H240002685703)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES
2024 AUG 17 PM 2:00

