Electronic Articles of Organization For Florida Limited Liability Company

L25000014310 FILED 8:00 AM January 07, 2025 Sec. Of State rlrichardson

Article I

The name of the Limited Liability Company is: LIMITLESS HOME HEALTH LLC

Article II

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

9600 NW 25TH STREET PENTHOUSE DORAL, FL. UN 33172

The mailing address of the Limited Liability Company is:

9600 NW 25TH STREET PENTHOUSE DORAL, FL. UN 33172

Article III

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

MANUEL GARCIA 20033 NW 62ND PL HIALEAH, FL. 33015

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.

Registered Agent Signature: MANUEL GARCIA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR JOSE D LARAS 7453 NORTHWEST 99TH PLACE DORAL, FL. 33178 UN

Title: MGR JASON LORIE 2351 W PRESERVE WAY UNIT 206 MIRAMAR, FL. 33025 UN

Title: MGR MANUEL GARCIA 20033 NW 62ND PL HIALEAH, FL. 33015 UN

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Article V

The effective date for this Limited Liability Company shall be:

01/07/2025

Signature of member or an authorized representative

Electronic Signature: MANUEL GARCIA

I am the member or authorized representative 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 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.