

Florida Department of State
 Division of Corporations
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1-24-25

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

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
 Account Number : I20060000145
 Phone : (305)769-4936
 Fax Number : (305)769-1844

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.
 BLUE HOPE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2025 JAN 21 AM 10:06

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 DEPT. OF STATE
 DIVISION OF CORPORATIONS

MS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

BLUE HOPE, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company: **3107 IVY CT LA BELLE, FL 33935**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

**MIRNA M. MENDEZ GONZALEZ PARDO
3107 IVY CT
LA BELLE, FL 33935**

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

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ARTICLE IV: Purpose of Business:

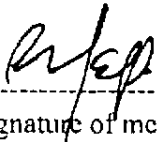
The purpose of this LLC is for speech therapy.

ARTICLE V:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**Name and Address:****AMBR**

**MIRNA M. MENDEZ GONZALEZ PARDO
3107 IVY CT
LA BELLE, FL 33935**



Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

MIRNA M. MENDEZ GOZALEZ PARDO

Typed or printed name of signee.

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