Florida Department of State

Division of Corporations
Electronic Cover Sheet

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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: _____

RECEIVED
2025 JAN 21 AM 10:06

FILED
25 JAN 21 AM 7:35
FLORIDA DEPARTMENT OF STATE

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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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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25 JAN 21 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA