

2/3/25, 5:03 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

((H250000419673)))



H2500004196734801

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 (880)617-6381

From:

Account Name BILZIN SUMBERG BAENA PRICE & ANELROD LLP

Account Number 075350900132

Phone (305)374-7580

Fax Number (786)646-6129

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

Email Address: vvau@bilzin.com

RECEIVED
2025 FEB -4 AM 8:31
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

NBS Health Holdings LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

((H25000419673))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

NBS Health Holdings LLC

(Must contain 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:5730 SW 74 StreetSuite 200South Miami, Florida 33143Mailing Address:5730 SW 74 StreetSuite 200South Miami, Florida 33143

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:

CT Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFL33324CityStateZip

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.

John FlynnAssistant SecretaryRegistered Agent's Signature (REQUIRED)

(CONTINUED)

((H250000419673))

((H25000041967 3))

ARTICLE IV:

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRGraciela Victorero5730 SW 74 Street, Ste. 206South Miami, Florida 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:/s/Graciela Victorero**Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes
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.Graciela Victorero

Typed or printed name of signer

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

((H25000041967 3))