

2/3/25 7:56 PM

Division of Corporations

**H2500042203 25**

Florida Department of State

Division of Corporations

Level 1, 1000 G Street

No. Print out 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.

((H25000042203 3))



H250000422033ABCS

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 : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : T20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

\*\*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 FEB -4 AM 8:31  
STATE OF FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
ANLLIET MED SERVICES LLC**

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

2025 FEB -4 AM 10:07

**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

**Article I**

The name of the limited liability company is:  
**ANLLILIET MED SERVICES LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**440 E 23 STREET APT 1114  
HIALEAH, FL. 33013**

The mailing address of the Limited Liability Company is:  
**440 E 23 STREET APT 1114  
HIALEAH, FL. 33013**

**Article III**

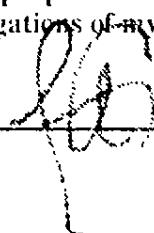
Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**ANLLILIET GONZALEZ  
440 E 23 STREET APT 1114  
HIALEAH, FL. 33013**

Having been named as a registered agent and to accept service of process of 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: \_\_\_\_\_

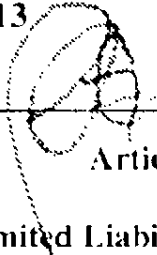


Article V

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

Title: AMBR  
ANLLILLET GONZALEZ  
440 E 23 STREET APT 1114  
HIALEAH, FL. 33013

Signature: \_\_\_\_\_



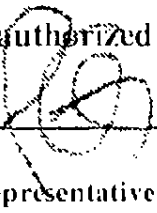
Article VI

The effective date of this Limited Liability Company Shall be:

02/03/2025

Signature of member or an authorized representative:

Signature: \_\_\_\_\_



I am a member or authorized representative submitting these Articles of organization and affirm that the facts state 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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.