

Florida Department of State  
 Division of Corporations  
**L23000021789**  
 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.

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

From:  
 Account Name : TAX CARE CELEBRATION  
 Account Number : I20190000007  
 Phone : (786)845-8854  
 Fax Number : (321)473-3052

**\*\*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.  
 ICARE HOLDING GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	<b>\$125.00</b>

2023 JAN 18 PM 12:16

15:47:51



January 19, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAX CARE CELEBRATION

SUBJECT: ICARE USA LLC  
REF: W23000005282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F12000001526.

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Tim Burch  
Senior Section Administrator

FAX Aud. #: E23000020948  
Letter Number: 223A00001285

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ICARE HOLDING GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA TORRES  
Name of Person

TAX CARE CELEBRATION  
Firm/Company

1400 NW 107TH AVE STE 203  
Address

SWEETWATER, FLORIDA 33172  
City/State and Zip Code

jessica.torres@taxcareinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Torres                      786                      845-8854  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICARE HOLDING GROUP 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:

Mailing Address:

250 NW 23RD ST, STE #301  
MIAMI, FLORIDA 33127

250 NW 23RD ST, STE #301  
MIAMI, FLORIDA 33127

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:

TAX CARE CELEBRATION

Name

1400 NW 107TH AVE STE 203

Florida street address (P.O. Box **NOT** acceptable)

SWEETWATER

FLORIDA

33172

City

State

Zip

*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.*

*Gabriel Hatem*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

GABRIEL HATEM  
250 NW 23RD STREET, STE #301  
MIAMI, FLORIDA 33127

MGR

LILLIE PENA  
250 NW 23RD STREET, STE #301  
MIAMI, FLORIDA 33127

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Gabriel Hatem*

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.

GABRIEL HATEM

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)