

1/19/23, 10:53 AM

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Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : LICENSEPRO, LLC.
Account Number : 120220000029
Phone : (718)338-6300
Fax Number : (347)710-1969

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

Email Address: LuizaAmram@licenseprousa.com

FLORIDA LIMITED LIABILITY CO.
VIP Home Health Agency LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VIP Home Health Agency, LLC.

(Must end with 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:**

110 Front Street

Suite 300

Jupiter, Florida 33477

18975 COLLINS AVENUE

SUITE 2402

SUNNY ISLES, FL 33160

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:

ARTHUR STEINBERG

Name

18975 COLLINS AVENUE, SUITE 2402

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

SUNNY ISLES

FL

33160

City

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.

Arthur Steinberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MR PALM BEACH COUNTY, LLC.

18975 COLLINS AVENUE, SUITE 2402

SUNNY ISLES, FL 33160

MGR

NC PALM, LLC.

18975 COLLINS AVENUE, SUITE 2402

SUNNY ISLES, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/15/2023 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Marina Rabinovich

Signature of a 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.)

Marina Rabinovich

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)