

LO7000054147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

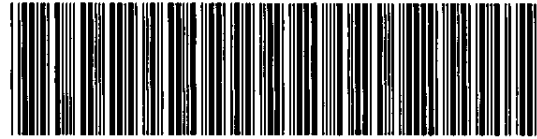
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07 MAY 22 PM 1:10 07 MAY 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

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TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. PZ MEDICAL SUPPLIES & TRADING GROUP LLC.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:06
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**ARTICLES OF ORGANITAZION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Liability Company is:**  
**PZ MEDICAL SUPPLIES & TRADING GROUP LLC**

**ARTICLE II – Address:**

**The mailing address and street address of the principal office of the Limited Liabilities Company is:**  
**16420 SW 52 ST MIAMI FL 33185**

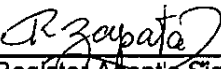
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

**The name and the Florida street address of the registered agent are:**

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**TALLAHASSEE, FLORIDA**

ROSA ZAPATA  
Name  
16420 SW 52 ST  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33185  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*

  
Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.


ROSA ZAPATA MANAGER  
16420 SW 52 ST MIAMI FL 33185 DATE


JORGE R. DELGADO MANAGER  
14433 SW 109 ST MIAMI FL 33186 DATE


MONICA BERDIALES MANAGER  
11316 DEERFIELD DR FIRESTONE CO 80504 DATE

**Signature of a member or an authorized representative of a member.**

*(In accordance with Section 608.408(3). Florida Statutes, the execution of this document constitutes and affirmation under the ponalties of perjury that the facts stated herein are true.)*

ROSA ZAPATA x 

JORGE R. DELGADO x 

MONICA BERDIALES x 

**Typed of printed name of signee**