

**LO9000110901**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

**L. SELLERS**

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305)599-0839  
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NOV 18 2009

**EXAMINER**

\*\*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/FOREIGN LIMITED LIABILITY CO.  
FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH,**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE FLORIDA

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November 17, 2009

FASTKIT CORPORATE OUTFITS

SUBJECT: FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH, LLC  
REF: W09000050648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is W09000048616.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

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Leslie Sellers  
Regulatory Specialist II

FAX Aud. #: E09000242370  
Letter Number: 209A00035737

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH, L.L.C.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**235 W. 49 ST.  
HIALEAH, FL 33012**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**MARK A. CERECEDA  
235 W. 49 ST.  
HIALEAH, FL 33012**

*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 608, F.S.*

  
Registered Agent's Signature

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

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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 an affirmation under the penalties of perjury that the facts stated herein are true.)

**MARK A. CERECEDA**  
Typed or printed name of signer

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**TALLAHASSEE FLORIDA**

**ARTICLE V - Member(s) & Managing Member(s)**

The name(s) and address(s) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
MARK A. CERECEDA	235 W. 49 ST. HALEAH, FL 33012	MGR MBR

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

10 day of NOVEMBER, 2009.

  
MARK A. CERECEDA, MANAGER MEMBER