

L1200001156008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

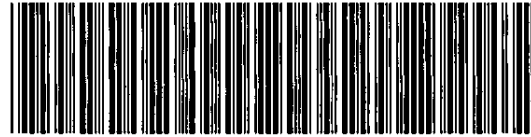
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12 SEP 17 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREFERRED MEDICAL RESEARCH LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

PATRICK VIVIES
(Name of Person)

PATRICK VIVIES CPA PA
(Firm/Company)

700 E DANIA BEACH BLVD STE 202
(Address)

DANIA, FL 33004
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK VIVIES at (954) 929-4475
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: PREFERED MEDICAL RESEARCH LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE COMPANY NAME WAS MISPELLED

ARTICLE I: _____

THE NAME OF THE LIMITED LIABILITY COMPANY IS: _____

PREFERRED MEDICAL RESEARCH LLC

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: SEPTEMBER 12, 2012



Signature of a member or authorized representative of a member

PATRICK VIVIES

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

12 SEP 17 2PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of PREFERRED MEDICAL RESEARCH LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on September 10, 2012, as shown by the records of this office

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L12000115608.

Authentication Code: 120910141810-900239425109#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Tenth day of September, 2012



Ken Detzner
Ken Detzner
Secretary of State

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

L12000115608
FILED 8:00 AM
September 10, 2012
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
PREFERED MEDICAL RESEARCH LLC

Article II

The street address of the principal office of the Limited Liability Company is:
601 86 STREET
MIAMI BEACH, FL. 33141

The mailing address of the Limited Liability Company is:
601 86 STREET
MIAMI BEACH, FL. 33141

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
PATRICK VIVIES CPA PA
700 E DANIA BEACH BLVD
STE 202
DANIA, FL. 33004

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.

Registered Agent Signature: PATRICK VIVIES

Article V

The name and address of managing members/managers are:

Title: MGR
HUGO JAUBERT
601 86 STREET
MIAMI BEACH, FL. 33141

L12000115608
FILED 8:00 AM
September 10, 2012
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: PATRICK VIVIES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated 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 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.