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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1st Medical Group LLC

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Certificate of Status	0
Certified Copy	 0
Page Count	02
Estimated Charge	\$125.00

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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:		
1st Madical Group LLC		
1st Medical Group LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company," Limited L	of Community on their planning to 10 to 10 to 10 to 10	
Change of the state works purpled District Company, Limite	su company of their approviation 'LLC," or "L,C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Con	npany is:
The size of the si	B.F. 194	
Principal Office Address:	Mailing Address:	•
2316 N. Dale Mabry Hwy	2316 N. Dale:Mabry Hwy	
Tampa, FL 33807	Tampa, FL 33607	
		0 7
	A	
ARTICLE III - Registered Agent, Registered		
(The Limited Lizbility Company cannot serve as its own Regist business entity with an active Florida registration.)	terod Agent. You must designate an individual or anothe	
ousiless chity will all active Florida 1880 Handally	<u> </u>	· .
The name and the Florida street address of the r	egistered agent are:	
PlumbaraEvasisian Como	rote Sendose Inc. 97	ဦ တ ြော
BlumbergExceleior Corporate Services, Inc. Name		Y N
2 1004.4	DA.	ן מי
4435 Old Winter Garde		
Florida street add	iress (P.O. Box! <u>NOT</u> acceptable)	
Orlando	FL 32811	
City, State, a	and Zip	
TY. June become and an invade and against and ag		- J 12 24 d
Having been named as registered agent and to liability company at the place designated in t		
registered agent and agree to act in this capacit		
statutes relating to the proper and complete pe		
accept the obligations of my position as regi		
		•
Water)	\circ	
Joseph Contract		
Registered Agent's Signa	•	
By: Marc D. Moel, Ass	t. Secretary for Agent	

(CONTINUED) Page 1 of 2

BlumbergExcelsior Corporate Service, Inc 62 White Street, 2nd Floor New York, NY 10013

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H070002736773

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	iging Member(s): or or Managing Member is as follows:		
Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member	•		
MGRM	Michele Gonzalez	_	
	2316 N. Dale Mabry Hwy.	_	
	Tampa, FL 33607	-	
		_	
•		-	
		-	
		-	
		_	
		-	
(Use attachment if necessary)		_	
	date of filing: Upon filing (OPTIC specific and cannot be more than five business	ONAL days	.) prior
to or 90 days after the date of filing.)	LE CR.	VON 7	
REQUIRED SIGNATURE:	HAS	9- A	12000000 C:200000000000000000000000000000
Michle	Gonzden		
	r or an authorized representative of a member-	8 2	
(In accordance with sec of this document consti- that the facts stated he	ation 608.408(3). Florida Statutes, the execution thutes an affirmation under the penalties of perjury crain are true.)	9	
Michele Gonzalez Ty	ped or printed name of signee		
Filing Fecsi	• .		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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