Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000143729 3)))



H110001437293ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number: 120000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

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 LIMITED LIABILITY CO. NOSTRUM MSO, LLC

Certificate of Status

1

Certified Copy

0

Page Count

03

Estimated Charge

\$130.00

J. SAULSBERRY **EXAMINER**

2 2011

Electronic Filing Menu

Corporate Filing Menu

Help

Lof 1

06/01/2011 10:55 FAX 0000000000

₩003/004

H11000143729

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	oany is:	
Nostrum MSO, LLC (Must cod with the words "Lim	ted Liability Company, "L.L.C.," or "L.L.C.,"	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
3911 SW 67 Avenue Mlami, FI 33155	5ame	
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	pistered Office, & Registered Agent's Som Registered Agent. You must designate an individual of the registered agent are:	
	Name	
	3911 SW 67 Avenue	
	street address (P.O. Box <u>NOT</u> acceptable)	9
Miami, Fl 3	y, State, and Zip	
liability company at the place designs registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	and to accept service of process for the abated in this certificate, I hereby accept the acceptance of the capacity. I further agree to comply with the plete performance of my duties, and I am for as registered agent as provided for in Charles Signature (REQUIRED)	appointment as se provisions of all amiliar with and

(CONTINUED)
Page 1 of 2

H11000143729

06/01/2011 11:31 FAX 0000000000

A

H11000143729

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGRM		MD Professional Group, Corp.	
		3911 SW 67 Avenue	
		Miami, Fl 33155	
MGRM		First Christian Health, Inc.	
		3911 SW 67 Avenue	_
•		Miami, Fl 93155	~
			SECRETARY
			, - I
	•		# <u>0</u>
	_		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	œ œ
(Use attachment	if necessary)		5 9
ARTICLE V: Effective (If an effective date is list to or 90 days after the da	ted, the date must be	date of filing: (OF specific and cannot be more than five busing	PTIONAL) zess days prior
<u>required</u> sig	gnature:	α 1	
	delle	Cauh	
	Signature of a membe	er or an authorized representative of a member.	
	(In accordance with sec of this document consti- that the facts stated h	ction 608.408(3), Florida Statutes, the execution itues an affirmation under the penalties of perjury nersin are true.)	
	Yazm	nin Cantera	
	Ty	ped or printed name of signee	•
Filing Fees:	:		

Little Lees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 36.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2