L11000101882

07/18/2029 C :47
Division of Corpora ons

#2742 P 01/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H11000219464 3)))

H11000219464 3ABC

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, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

FILED
2011 SEP -6 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MEDICAL GROUP MSO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

RECEIVED
11 SEP -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
SEP - 7 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H11000219464

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NOSTRUM MEDICAL GROUP MSO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1235 N. KROME AVE, STE R
HOMESTEAD, FL 33030

Mailing Address:

1235 N. KROME AVE, STE R
HOMESTEAD, FL 33030

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LAZARO MOREIRA.
Name

1235 N. KROME AVE, STE R.
Florida street address (P.O. Box NOT acceptable)

HOMESTEAD FL 33030
City, State, and Zip

FILED
2011 SEP -6 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

H11000219464

H11000219464

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	LAZARO MOREIRA. 1235 N. KROME AVE, STE R. HOMESTEAD FL 33030

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-06-2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any 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.)

LAZARO MOREIRA.
Typed or printed name of signee

FILED
2011 SEP -6 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000219464