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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : LAZARUS CORPORATE FILING SERVICES, INC.
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FLORIDA LIMITED LIABILITY CO.
NOSTRUM MEDICAL GROUP MSO, LLC

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

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SEP - 7 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000219464

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOSTRUM MEDICAL GROUP HSO, 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. KROHE AVE, STE R
HOMESTEAD, FL 33030Mailing Address:1235 N. KROHE 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. KROHE AVE, STE R.Florida street address (P.O. Box NOT acceptable)HOMESTEAD FL 33030

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

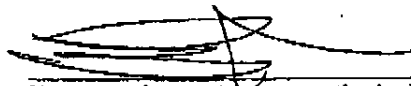
"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**LAZARO MOREIRA.1235 N. KROHE 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 signer

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TALLAHASSEE, FLORIDA

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