

**L0000000/606**

Enclosed please find the necessary forms and payments for organization of Med-One Health Care, LLC.  
The primary managers of Med-One Health Care, LLC, with the street address is:

Craig Peleg  
Lane Mitnick  
2700 W. Atlantic Blvd.  
Suite 200-38  
Pompano Beach, FL 33069  
Phone: 954-957-7662  
Fax: 954-957-7664  
E-Mail: MedOneHealthCare@aol.com

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-02/03/00--01079--003  
\*\*\*\*160.00 \*\*\*\*160.00

The check also includes monies for a certified copy and  
certificate of status

**L00-1606**

Name	OK
Available	OK
Document	OK
Copy	OK
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At	OK

**FILED**  
00 FEB -3 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Med-One Health Care, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2700 W. Atlantic Blvd  
#200-38  
Pompano Beach, FL 33069

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Craig Peleg Med-One Health Care, LLC  
2700 W. Atlantic Blvd. #200-38  
(954)957-7662 Pompano Bch. FL 33069  
Florida street address (P.O. Box **NOT** acceptable)  
City, State, and Zip

*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..*

Craig Peleg  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Lane Mitnick  
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.)

Lane Mitnick  
Typed or printed name of signee

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \* \$ 30.00 Certified Copy (OPTIONAL)
- \* \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

00 FEB -3 PM 5:00

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