

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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.

(((H010000096403)))

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) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)541-3694
Fax Number: (305)541-3770

AL

LIMITED LIABILITY COMPANY

NEW-MED MANAGEMENT SYSTEMS, LLC

Strift free construction and the strip free free free free free free free fre	MANAGEMENT OF THE PROPERTY OF
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

1 of 2



H01000009640

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1:

The name of the Limited Liability Company is:

New-Med Management Systems, LLC

SECRETARY OF STATE OF CORPORATIONS

0 JAN 23 PM 5: 00

ARTICLE II- ADDRESS:

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

6710 Main Street Suite 236 Miami Lakes, FL 33014

ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE & REGISTED AGENT'S SIGNATURE:

Saràa Repineses, miyares + co up code unescho miyares oppineses op

140 - S2-S001 T0:S0 EWE CORPORATE KIT.

HO 1000009640

ARTICLE V- MANAGEING MEMBERS

Mark Cruz 6710 Main Street Suite 236

Miami Lakes, FL 33014

Signature

DIVISION OF COLORATION

Reynaldo Diaz 6710 Main Street Suite 236 Miami Lakes, FL 33014

Signature

HO 1000009640

H0 1000009640

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 statues 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.

X 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)

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

* MARK CRUZ

Typed or printed name of signee

HO 1000009640