

L01000004937

Requester's Name

1031 Ives Dairy Rd. Ste. 228

Address

North Miami Beach, Fl. 33179

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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****125.00 ****125.00

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
01 MAR 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-4937
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Examiner's Initials

HGO-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:
U.S.A. Healthcare Professionals, L.L.C.

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:
Address: 8309 Balgowan Road

City, State & Zip: Miami Lakes, FL 33016

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:
Name

Kevin H. Fabrikant, Esq.
Address (P.O. Box NOT Acceptable)
1031 Ives Dairy Road, Suite 228
City, State, Zip
North Miami Beach, FL 33179

ARTICLE IV - Liability

No liability may be incurred on behalf of the LLC without the consent of all members.

ARTICLE V - Corporate Existence

This LLC shall not be dissolved upon the death, dissolution, or bankruptcy of a member but shall be continued by the remaining members.


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

Date: 3/22/01

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.


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.

Typed or printed name of signee
Stephanie Rogers

HOO-

Prepared By: Kevin H. Fabrikant, Esquire, 1031 Ives Dairy Road, Suite 228, N. Miami Beach, FL 33179

FILED
MAR 28 PM 5:00
CLERK OF COUNTY
OF MIAMI
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