Harold L. Benjamin

CERTIFIED PUBLIC ACCOUNTANT 6249 PINES BOULEVARD PEMBROKE PINES, FLORIDA 33024 (954) 981-1040

8/14 "

# L01000013774

Secretary of State:

Please process and return by federal Express using the enclosed pre-paid 5/ip.

Trank you.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL MEDICAL MANAGEMENT SERVICES, LLC

### ARTICLE II - Address:

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

3200 N. OCEAN BLVD., # 401, FORT LAUDERDALE, FL. 33308

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

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

LEON BELENKY
Name
3200 N. OCEAN BLVD., # 401
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33308
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.

Registered Agent's Signature

Registered Agent's Signature	•	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.	ers and i	is,
(An additional article must be added if an effective date is requested)		
Signature of a member or an authorized representative of a member.	SECF	01 A

(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.)

LEON BELENKY

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)

FILED

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SECRETARY OF STATE.