

# L02000007576

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**EXPRESS CORPORATE FILING SERVICE INC.**

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. IDEAL HEALTH NETWORK, LLC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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03/29/02 01036--005  
\*\*\*620.00 \*\*\*155.00

- ☐ Walk in ☒ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

WLC 3/29

02 MAR 29 PM 2:41

DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR THE FLORIDA LIMITED LIABILITY COMPANY KNOWN AS:**

**IDEAL HEALTH NETWORK, LLC.**

**Article I - Name**

The name of the limited liability company is: **IDEAL HEALTH NETWORK, LLC.**

**Article II - Address**

The mailing address and street address of the principal office of the limited liability company is: **299 SW 27<sup>th</sup> Avenue, Miami, Florida 33135**

**Article III - Duration**

The period of duration for the limited liability company shall be: **99 years.**

**Article IV - Management**

The limited liability company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Elizabeth Acosta, 299 SW 27<sup>th</sup> Avenue, Miami, Florida 33135**

**Article V - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: **As set forth in the Operating Agreement of the Company.**

**Article VI - Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **As set forth in the Operating Agreement of the Company.**

  
\_\_\_\_\_  
**ELIZABETH ACOSTA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 29 PM 3:41

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE,  
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**IDEAL HEALTH NETWORK, LLC.**

2. The name and address of the registered agent and office is:

**Elizabeth Acosta  
299 SW 27 Ave  
Miami, Florida 33135**

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAR 23 PM 2:41

*E Acosta*

Elizabeth Acosta

*3/20/02*

Date: