

L020000026922

Requester's Name _____
Address _____
City/State/Zip _____ Phone # _____

Office Use Only

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

1. Best Medical, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 11 PM 2:19
RECEIVED
02 OCT 11 AM 9:41
DIVISION OF CORPORATION

300008328623--4
-10/11/02--01012--005
****160.00 ****160.00

Examiner's Initials

September 10, 2002

Florida Department of State
Division of Corporations
Tallahassee, Florida

Re: BEST MEDICAL, INC.
BEST MEDICAL, LLC

Dear Sir or Madam:

This letter will confirm that BEST MEDICAL, INC., a Florida corporation, located at 4900 Palm Avenue, Hialeah, Florida, 33012, does hereby consent to the use of the name "BEST MEDICAL, LLC" by the Florida limited liability company located at 4900 Palm Avenue, Hialeah, Florida, 33012.

Very truly yours,

BEST MEDICAL, INC.

By: Manuel Perez-Espinosa
Manuel Perez-Espinosa, M.D., President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 11 PM 2:08

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

BEST MEDICAL, LLC

ARTICLE II - Address

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

4900 Palm Avenue
Hialeah, FL 33012

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company shall be managed by one or more managers (who shall be designated "Manager(s)") and is, therefore, a manager-managed company.

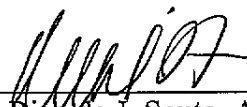
ARTICLE V - Registered Agent and Office

The name and address of the initial registered agent of the Limited Liability Company is:

Corporation Company of Miami
1600 Miami Center
201 South Biscayne Boulevard
Miami, Florida 33131

10th IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this day of October, 2002.

By: _____


Ricardo J. Souto, Authorized Representative

(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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 11 PM 2:19

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above-stated limited liability company at the address designated in the articles of organization pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Date: October 10, 2002

CORPORATION COMPANY OF MIAMI

By: 

Felicia Hickey, Assistant Secretary

MIADOCS 546711.1-lrp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 11 PM 2:19