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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

medical express, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
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(2)

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF
MEDICAL EXPRESS, LLC

ARTICLE I

The name of the Limited Liability Company is: Medical Express, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 2711 SW 137 Avenue #R1, Miami, Florida 33175

ARTICLE III

The name and the Florida street address of the register agent are:
Jorge Millan, 2711 SW 137 Avenue #R1, Miami, Florida 33175

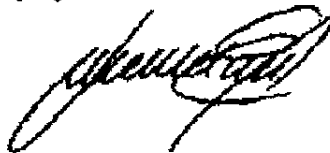
Having been named as register agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as register agent as provided for in chapter 608, F.S.



Register Agent's Signature

Article IV (applicable if box is checked.)

☐ 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.)

JORGE MILLAN

Typed or printed name of Signee

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