

L020000032297

FROM : GRACE NORWICH CPA
Division of Corporations

FAX NO. : 561 689 1113

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From:

Account Name : GRACE NORWICH CPA
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LIMITED LIABILITY COMPANY

MIDDLE EAST INSTITUTE FOR RADIOTHERAPY AND ONCOLOGY,

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR
MIDDLE EAST INSTITUTE FOR RADIOTHERAPY AND ONCOLOGY, LLC

ARTICLE 1 - NAME:

The name of the limited Liability Company is MIDDLE EAST INSTITUTE FOR RADIOTHERAPY AND ONCOLOGY, LLC.

ARTICLE 11 - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:
1851 Oak Berry Circle
Wellington, Florida 33414

ARTICLE 111 - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

Adam Bader
1851 Oak Berry Circle
Wellington, Florida 33414

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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, Florida Statutes.


ADAM BADER, Registered agent

ARTICLE IV - MANAGEMENT: (Check if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

By: 

ITS: RE REPRESENTATIVE

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 penalties of perjury that the facts stated herein are true.

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02 DEC -3 19 PM '02