

L03 000017122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

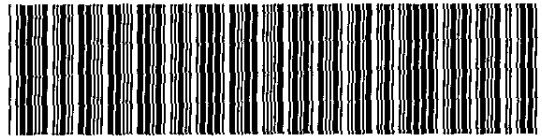
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REGISTRATION

L03-17122
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TALLAHASSEE, FLORIDA
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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. MEDICAL HEALTH CLINIC, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
MEDICAL HEALTH CLINIC, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is:

MEDICAL HEALTH CLINIC, LLC

ARTICLE II - Address

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

**5340 S.W. 59 AVENUE
MIAMI, FL 33155**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

**MANUEL PEREZ-ESPINOSA
5340 S.W. 59 AVENUE
MIAMI, FLORIDA 33155**

The undersigned member or authorized representative of a member of **MEDICAL
HEALTH CLINIC, LLC**, deposes and says:

- 1) the above named limited liability company has at least one member.

By: 
MANUEL PEREZ-ESPINOSA

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

**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: **MEDICAL HEALTH CLINIC, LLC**
2. The name and address of the registered agent and office is:

**MANUEL PEREZ-ESPINOSA
5340 S.W. 59 AVENUE
IAMI, FLORIDA 33155**

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.

Manuel Perez-Espinosa
MANUEL PEREZ-ESPINOSA (Signature)

5-10-03
Date

STATE OF FLORIDA }
 }
COUNTY OF } ss

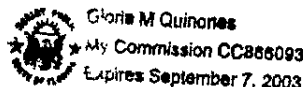
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared **MANUEL PEREZ-ESPINOSA** of **MEDICAL HEALTH CLINIC, LLC**, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of MAY, 2003

Gloria M. Quinones
NOTARY PUBLIC

(Seal)

GLORIA M. QUINONES
Printed Name of Notary



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