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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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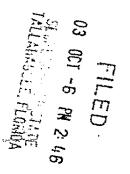
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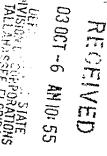


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DEFICE USE ONLY(DOCUMENT #)  LAZARUS CORPORATE FILING SERVICE  3320 S.W. 87 AVENUE  MIAMI, FLORIDA (305)552-5973   CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):  1. LORIDAMED CARE, LC (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time 2-00 Certificate of Status  NEW FILINGS Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  OTHER FILINGS Annual Report Foreign  REGISTRATION/ QUALIFICATION Foreign				
LAZARUS CORPORATE FILING SERVICE  3320 S.W. 87 AVENUE  MIAMI, FLORIDA (305)552-5973  CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):  1. FLORIDAMED CARE, L.C. (Corporation Name) (Document #)  2. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Plick up time 2.00   Certificate of Status  NEW FILINGS   AMENDMENTS    NEW FILINGS   Amendment    NonProfit   Resignation of R.A., Officer/Director    Limited Liability   Domestication    Domestication   Dissolution/Withdrawal    Other   REGISTRATION/  QUALIFICATION    REGISTRATION/  QUALIFICATION    REGISTRATION/  QUALIFICATION    REGISTRATION/  QUALIFICATION    REGISTRATION/  QUALIFICATION    COTTIER FILINGS   REGISTRATION/  QUALIFICATION    Annual Report		<u></u>		
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Change of Registered Agent     Domestication   Dissolution/Withdrawal     Other   Merger     OTHER FILINGS   REGISTRATION/     Annual Report   QUALIFICATION				
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Name Reservation Reinstatement	Fictitious Name	nited Partnership		

Other

Trademark

Examiner's Initials

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: FloridaMEDCare, LLC

#### **ARTICLE II - Address:**

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

Prin	cinal	Office	Addr	ess:

**Mailing Address:** 

1837 S.E. Port St. Lucie Boulevard

Port St. Lucie, Florida 34952

1837 S.E. Port St. Lucie Boulevard

Port St. Lucie, Florida 34952

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Raj K. Nayyar

Name

1837 S.E. Port St. Lucie Boulevard

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie,

er 34952

City, State, and Zip

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:	·
"MGRM" = Managing Member	×at.	Á
MGR	Raj K. Nayyar	8 %
_	1837 S.E. Port St. Lucie Boulevard	's m
	Port St. Lucie, Florida 34952	\$ C
	Raj K. Nayyar	8 6 B
		naporation .
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NOTE: An additional article must be added if an effective date is requested.

# **REQUIRED SIGNATURE:**

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.)

Raj K. Nayyar

Typed or printed name of signee

## Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)