

L04000004466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

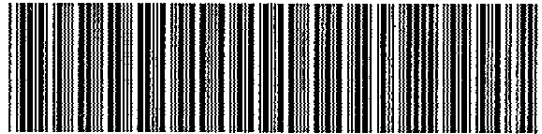
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800026296428

01/16/04--01031--020 **15.00

01/16/04--01031--021 **5.00

RECEIVED
04 JAN 16 AM 10:23
DIVISION OF CORPORATION

FILED
04 JAN 16 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

FILED
04 JAN 16 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

1. GREAT HOPE MEDICAL CENTER, 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

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY
COMPANY
OF
GREAT HOPE MEDICAL CENTER, LLC.**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

GREAT HOPE MEDICAL CENTER, LLC.

ARTICLE II - Address

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

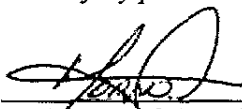
831 SW 14th Avenue Miami, FL 33135

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**AVELINO MORAN
1920 SW 83rd Ave
Miami, FL 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

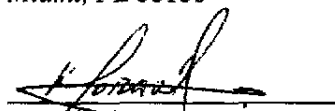


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable)

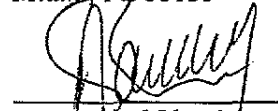
(x) *The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.*

**AVELINO MORAN
1920 SW 83rd Avenue
Miami, FL 33155**



Avelino Moran

**RACHID LLAUDY
2438 SW 6th Street
Miami, FL 33135**



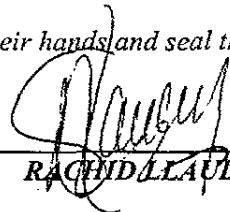
Rachid Llaudy

(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)

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this January 15th, 2004 at Miami, FL.



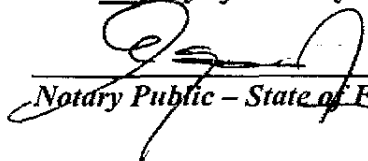
AVELINO MORAN



RACHID LAUDY

STATE OF FLORIDA
COUNTY OF DADE

Sworn and subscribed before me,
This 15th day of January of 2004 at Miami, FL.



Notary Public - State of Florida

My Commission Expires:



Adis Margarita Ugarte
Commission # DD 031148
Expires July 16, 2005
Bonded Thru
Atlantic Bonding Co., Inc.