

L04000005435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100025621701

01/21/04--01073--012 **25.00

12/22/03--01095--014 **100.00

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2004 JAN 21 PM 3:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-53

J. BRYAN JAN 2 2004

J. BRYAN JAN 22 2004

Robert J. Ori

Accounting & Tax Services

Mailing Address
P.O. Box 780891
Sebastian, FL 32978

Area Code 772
Telephone/Fax 589-2615

Home Address
608 Cross Creek Drive
Sebastian, FL 32958

November 13, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

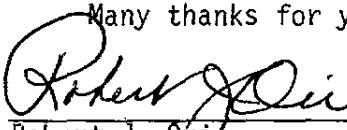
Re: Registration, Florida Limited Liability Company

Filing Unit:

On behalf of the applicants, please be kind enough to accept this request for registration of Complete Medical Care, LLC.

In accord with your instructions, payment in the amount of \$100.00, payable to the Florida Department of State is enclosed.

Many thanks for your assistance.


Robert J. Ori

Encl: Articles of Organization

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 2, 2004

ROBERT J. ORI
P.O. BOX 780891
SEBASTIAN, FL 32978

SUBJECT: COMPLETE MEDICAL CARE, LLC
Ref. Number: W04000000053

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for COMPLETE MEDICAL CARE, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 704A00000097

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is :

Complete Medical Care, LLC

ARTICLE II - Mailing address and street address of the principal office of the Limited Liability Company is :

Mailing Address - P.O. Box 450676
Miami, Fl. 33245-0676

Street Address - 1300 Coral Way
Suite 300
Miami, Fl. 33145

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

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

Marta N. Luaces Garcia

Name
1300 Coral Way
Florida Street Address
Suite 300
Florida Street address 2
Miami, Florida 33145
City , State and Zip Code

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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 certificated, 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.



Resident Agent's Signature

ARTICLE IV - Management

The Limited Liability Company is to be managed by the Agent and is, therefore, a manager-managed company.



Authorized Representative

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