

L04000020983

(Requestor's Name)

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(City/State/Zip/Phone #)

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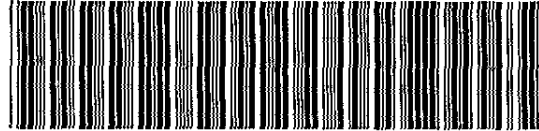
(Business Entity Name)

(Document Number)

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*Handwritten initials/signature*

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01 MAR 18 AM 11:56

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TALLAHASSEE, FLORIDA

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04 MAR 18 PM 3:47  
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SECRETARY OF STATE

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

1. ADVANCED MEDICAL NETWORK, 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 FLORIDA LIMITED LIABILITY CO**

**Article I - Name:**

The name of the Limited Liability Co. is: Advanced Medical Network, L

**Article II – Address:**


The mailing address and street address of the principal office of the Limited Liability Co. is: 5510 Castlegate Avenue, Davie, Florida 33331.

**Article III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Miguel Rodriguez  
5510 Castlegate Avenue  
Davie, Florida 33331

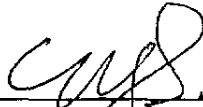
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

  
\_\_\_\_\_  
Miguel Rodriguez (Registered Agent)

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Article IV – Management: (check \_\_\_\_ if applicable)

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



Signature

(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)

Miguel Rodriguez