Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040000631563)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : Access Corporate Filing Services of Florida, Irc.

Account Number: 120020000159 Phone

: (305)445-8295

Fax Number

: (305)445-8297

LIMITED LIABILITY COMPANY

Renal CarePartners of Coral Gables, LLC

Certificate of Status	0
Certified Copy	1
Page Count	92
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

https://efile.sunbiz.org/scripts/efilcovr.exe

Mar. 24 2004 05:01PM P1

3/.:4/2004 FROM : ACCESS CORPORATE FILING

LUX NO: : 2024428534

AUDIT	NO:	H04000063156 3	
-------	-----	----------------	--

ARTICLES OF ORGANIZATION OF Renal CarePartners of Coral Gables, LLC

ARTICLE I

The name of the limited liability company is:

Renal CarePartners of Coral Gables, LLC

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is:

14361 Commerce Way, Suite 306, Miami Lakes, FL 33016

ARTICLE III

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

Bryan Bauman 1111 Brickell Avenue, Suite 2150 Miami, FL 33131

Bryan Bauman been named 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 lamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Bryan Bauman

AUDIT NO: H0400063156 3

Page 1 of 2, Renal CarePartners of Coral Gables, LLC

Access Corporate Filing

.1000 Ponce De-Leon Blvd, #127, Coral Gables, FL 33434 Tel: (305) 445-8295 / www.corpsandnotary.com DIVISION OF CORPORATION

AUDIT	NO:	H0400	0063156	3	

ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS:

MGR

Orestes Lugo

14361 Commerce Way, Suite 306

Mlami Lakes, FL 33016

in accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjuny that the facts stated herein are true.

(Authorized Representative of a Member) Renal CarePartners of Coral Gables, LLC

AUDIT NO: H04000063156 3

Page 2 of 2, Renal CarePartners of Coral Gables. LLC

 \mathcal{A} ccess \mathcal{C} orporate \mathcal{F} iling

1000 Pance De Leon Blvd, #127, Coral Gables, FL 33134 Tel: (305) 445-8295 / www.corpsandnotary.com