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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

pembroke medical supply, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is:
Pembroke Medical Supply, LLC

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ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3531 Griffin Road, Ft. Lauderdale, Florida 33312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Hagen & Hagen, P.A.

Name

3531 Griffin Road

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

Ft. Lauderdale, Florida 33312

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 in Chapter 608, Florida Statutes.

[Signature]
Registered Agent Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

[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.)

Max M Hagen

Typed or printed name of signer

This instrument prepared by:
Max M. Hagen, Esquire
Florida Bar No. 032722

Hagen & Hagen, P.A.
3531 Griffin Road
Ft. Lauderdale, Florida 33312