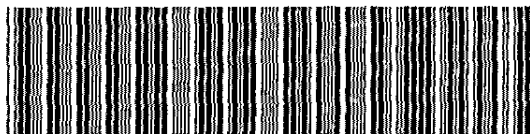


L04000046208

(Requestor's Name)



000037930560

Sender's Name MURT L WALLACH Phone 772 567-8500

Company MURTELL GROWTH INDUSTRIES

Address 1717 20TH ST

Dept./Floor/Suite/Floor

City DEER BEACH State FL Zip 32960-0600

☐

PICK-UP

☐

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MAIL

06/17/04--01040--028 \*\*260.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
850-487-6051

**SUBJECT: KURTELL MEDICAL CENTER, LLC**

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: KURT WALLACH  
1717 20<sup>TH</sup> STREET, SUITE 105  
VERO BEACH, FLORIDA 32960  
772-299-5180

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DIVISION OF CORPORATIONS  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I-Name:

The name of the Limited Liability Company shall be:  
KURTELL MEDICAL CENTER, LLC

### ARTICLE II-Address:

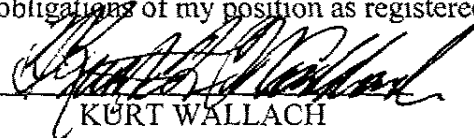
The mailing address and street address of the principal office of the Limited Liability Company is:  
1717 20<sup>TH</sup> STREET, SUITE 105, VERO BEACH, FLORIDA 32960

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

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

KURT WALLACH  
1717 20<sup>TH</sup> STREET, SUITE 105  
VERO BEACH, FLORIDA 32960

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..

  
KURT WALLACH


### ARTICLE IV- Management (Check box if applicable.)

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

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

  
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.)

  
Typed or printed name of signee

#### FILING FEES:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- ✓ \$5.00 Certificate of Status (Optional)

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