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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
05 MAR 28 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
05 MAR 28 PM 12:19
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

FALCON MEDICAL & PROFESSIONAL BUILDING, LLC.

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

03/29/06

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALCON MEDICAL & PROFESSIONAL BUILDING, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3620 SW 148 Place
Miami, FL 33185

Mailing Address:

3620 SW 148 Place
Miami, FL 33185

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

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

Arnaldo F. Falcon
Name

3620 SW 148 Place
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33185
City, State, & 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 for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name & Address:

"MGR" = Manager

"MORM" = Managing Member

MGRM

Arnaldo E. Falcon

3620 SW 148 Place Miami, FL 33185

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a Member or an authorized representative of a member.

(In accordance with section 603.403 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arnaldo E. Falcon

Typed or printed name of signer

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)