

L050000032028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

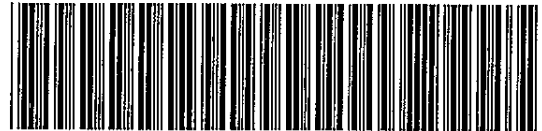
(Document Number)

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03/30/05--01024--007 **125.00

EFFECTIVE DATE

4-1-05

FILED
05 MAR 30 AM 11:22
STATE
TALLAHASSEE, FLORIDA

T. Brumbley APR 1 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Care Delivered
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael McCabe
(Name of Person)

Medical Care Delivered
(Firm/Company)

8725 SW 182 Terrace
(Address)

Miami FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael McCabe at (786) 556-6523
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
05 MAR 30 AM 11:22
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Care Delivered L L C

EFFECTIVE DATE

4-1-09

ARTICLE II - Address:

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

Principal Office Address:

6741 Coral Way Suite 45B
Miami, FL 33155

Mailing Address:

8725 SW 182 Terrace
Miami FL 33157

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

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

Michael McCabe

Name

8725 SW 182 Terrace

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33157

FL

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 for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 30 AM 11:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael McCabe

8725 SW 182 Terrace

Miami FL 33157

MGRM

Linda Casale

10241 SW 121 Street

Miami, FL 33176

MGRM

Ivette Baker

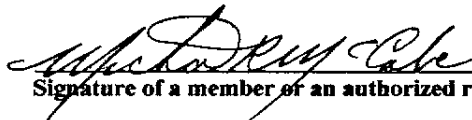
8300 SW 172 Street

Miami, FL 33157

(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 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.)

Michael McCabe

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
05 MAR 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Medical Care Delivered

67841 Coral Way, Suite 45B
Miami, FL 33155

March 28, 2005

Sir or Madam
Florida Dept. of State, Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Please list Medical Care Delivered starting date as April 1, 2005.

Sincerely,



Michael McCabe
Medical Care Delivered
«mmccabe74@aol.com»
786-556-6523

FILED
05 MAR 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA