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(Business Entity Name)

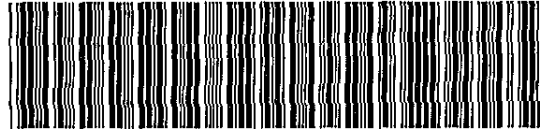
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05/03/05--01001--023 **155.00

FILED
05 MAY -2 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAY -2 PM 4:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILED
05 MAY -2 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 05/02/2005

REF. #: 000937.37522

CORP. NAME: COMPREHENSIVE HEALTH CENTER, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 512444 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
COMPREHENSIVE HEALTH CENTER, LLC
A Florida Limited Liability Company

FILED
05 MAY -2 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of the limited liability company is **COMPREHENSIVE HEALTH CENTER, LLC.** (the "Company").

ARTICLE II
Principal Office

The mailing address and street address of the principal office of the Company is 671 N.W. 119 Street, Miami, Florida 33168.

ARTICLE III
Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV
Purpose

The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of the State of Florida.

ARTICLE V
Management

The Company is to be managed by Managers and the Initial Manager is as follows:

Rudolph Moise
671 N.W. 119 Street
Miami, FL 33168

ARTICLE VI
Admission of Additional Members

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members upon the unanimous written consent of all members of the Company at the time the admission is sought, or otherwise in accordance with the provisions of the operating agreement of the company.

ARTICLE VII
Operating Agreement

The members shall have the power to adopt, alter, amend, or repeal upon the unanimous written consent or agreement of all members, the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

ARTICLE VIII
Voting

The Company is authorized to issue membership units with voting rights and membership units without voting rights, or otherwise in accordance with the provisions of the operating agreement of the Company.

ARTICLE IX
Certificated Interests

The members' interests in the Company may be evidenced by certificates upon the unanimous written consent or agreement of all the members.

ARTICLE X
Transfer of Interest

No member shall have the right to transfer any interest in the Company without the unanimous written consent or agreement of all the members. If the non-transferring members do not approve the transfer, the transferee of the interest of the transferring member shall have no right to become a member or to participate in the management of the business and the affairs of the Company. The transferee shall therefore entitled to receive only the share of profits actually distributed or other compensation paid by way of income and the return of capital contributions to which the transferring member otherwise would have been entitled by virtue of membership, or otherwise in accordance with the provisions of the operating agreement of the Company.

ARTICLE XI
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be

wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

The undersigned executed these Articles of Organization as the authorized representative of a member.

In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


SERGIO A. PAGLIERI, JR., ESQ.
[Authorized Representative of a Member]

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **COMPREHENSIVE HEALTH CENTER, LLC.**
2. The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 103 North Meridian Street, Tallahassee, FL 32301.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

CORPDIRECT AGENTS, INC.

By: _____

[Print Name and Title]