

U05000052923

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000133394 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
05 MAY 26 PM 5:07
DIVISION OF CORPORATIONS

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 26 AM 9:53

FILED

LIMITED LIABILITY COMPANY

healthcare management systems, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

③

H05000133394
ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

HEALTHCARE MANAGEMENT SYSTEMS, LLC

ARTICLE II – Address:

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

Principal Office Address:

Attn: John M. Kirby
2500 S.W. 75th Avenue
Miami, Florida 33155

Mailing Address:

Attn: John M. Kirby
2500 S.W. 75th Avenue
Miami, Florida 33155

ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

John M. Kirby
2500 S.W. 75th Avenue
Miami, Florida 33155

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, Florida Statutes.

John M. Kirby

H05000133394

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

05 MAY 26 AM 9:53

FILED

405000133394

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

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Sylvia Ulrich Fox Revocable Trust 2500 S.W. 75 th Avenue Miami, Florida 33155
Managing Member:	Sylvia Ulrich Fox Revocable Trust 2500 S.W. 75 th Avenue Miami, Florida 33155

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

REQUIRED SIGNATURE:

Sylvia Ulrich

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.)

Sylvia Ulrich

FILED
05 MAY 26 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

405000133394