

**LO5000087509**

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.

((H05000210743 3)))

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

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -2 AM 8:38

RECEIVED  
05 SEP -2 AM 10:49  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**A+ Urgicare, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

702A-55490

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is: **A+ Urgicare, LLC**

**ARTICLE II - Address**

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

**Principal Office Address:**

903 W. Oak Street

Kissimmee, FL 34741

**Mailing Address:**

903 W. Oak Street

Kissimmee, FL 34741

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

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

Riyaz Ahmed

Name

903 W. Oak Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -2 AM 8:38

*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 - Riyaz Ahmed

**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

Riyaz Ahmed- 903 W. Oak Street, Kissimmee, FL 34741

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or 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. )

Riyaz Ahmed

Typed or printed name of signee

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 SEP -2 AM 8:38