

23-05 4:00 From: KERMAN

07547135

T 077 P.01/07 30

# LD5000122475

## 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.**

(((H05000291279 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:

*Angelica M. Chinn*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

RECEIVED

05 DEC 23 PM 2:33

DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

SAMOHO HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

*12/27*

Electronic Filing Menu

Corporate Filing

Public Access Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 23 AM 11:23

APPROVED  
AND  
FILED

FAX AUDIT No. H05000291279

**ARTICLES OF ORGANIZATION  
FOR  
SAMOHO HEALTHCARE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Samoho Healthcare, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o L. Frank Cordero, One S.E. 3<sup>rd</sup> Avenue, 28<sup>th</sup> Floor, Miami, FL 33131.

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

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

American Information Services, Inc.

One S.E. 3<sup>rd</sup> Avenue

28<sup>th</sup> Floor

Miami, FL 33131

*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.*

By



Angelica M. Chiru, Assistant Secretary  
Registered Agent's Signature

Signed and dated this 23rd day of December, 2005.



L. Frank Cordero  
Authorized representative of a member

FAX AUDIT No. H05000291279

APPROVED  
AND  
FILED  
05 DEC 23 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA