

L06000003645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

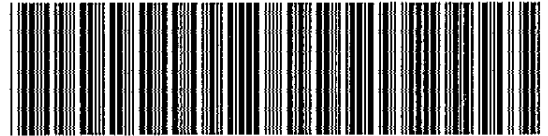
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



900062434079

01/11/06--01038--019 **155.00

RECEIVED
06 JAN 11 PM 11:46
DIVISION OF REGISTRATION

FILED
2006 JAN 11 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/9/06

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
2006 JAN 11 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PARAMOUNT HEALTH GROUP, LLC
(Corporation Name) (Document #)

EFFECTIVE DATE
1/9/06

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I – NAME:

The name of the Limited Liability Company is:

PARAMOUNT HEALTH GROUP, LLC

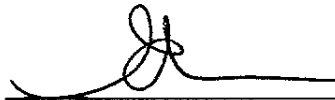
ARTICLE II – Address:

The mailing address and street address of the principal office of the LLC. is:
13091 NW 43 AVENUE-UNIT A1
OPA LOCKA, FL 33054

Article III – Registered Agent, Registered Office, & Registered Agent's Signature.

The name and the Florida street address of the agent is:
EDWARD MEYER
13091 NW 43 AVENUE-UNIT A1
OPA LOCKA, FL 33054

Having been name 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.

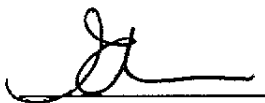



Signature of Resident Agent

Article IV – Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

EDWARD MEYER MICHAEL BUSTILLO

FILED
2006 JAN 11 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/9/06

Article V –

The effective date of this Limited Liability Company is:
January 9, 2006

(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.)

Edward Meyer

Name of signee

