

May 09 2006 1:28PM

HP LASERJET P1102

Division of Corporations

http://efile.sunbiz.org/scripts/efilcovr.exe

L06000048175

Florida Department of State  
Division of Corporations  
Public Access System

2006 MAY -9 P 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

((H06000129370 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 : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

RECEIVED  
06 MAY -9 PM 3:57  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**EXPRESS PARAMEDICAL SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H060000129370 3  
ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

2006 MAY 9 P 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

EXPRESS PARAMEDICAL SERVICES, LLC

ARTICLE II ADDRESS

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


5833 W OAKLAND PARK BLVD # 191  
LAUDERHILL FL 33313-1321

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

LINDA FULLER  
5833 W OAKLAND PARK BLVD # 191  
LAUDERHILL FL 33313-1321

Having been named as registered agent 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.



LINDA FULLER / Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

H060000129370 3

H06000129370 3

PAGE 2 EXPRESS PARAMEDICAL SERVICES, LLC

2006 MAY -9 P 12:14  
SECRETARY OF STATE  
-TALLAHASSEE, FLORIDA

ARTICLE V MEMBERS (optional)

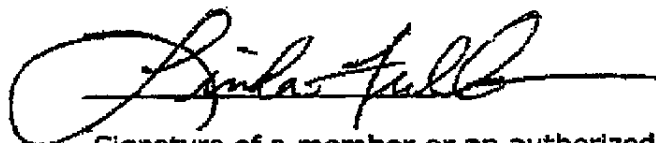
MANAGING MEMBER:

LINDA FULLER

5833 W OAKLAND PARK BLVD # 191

LAUDERHILL FL 33313-1321

\*\*\*\*\*



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.

LINDA FULLER

Typed or printed name of signee

H06000129370 3