

L 06000051824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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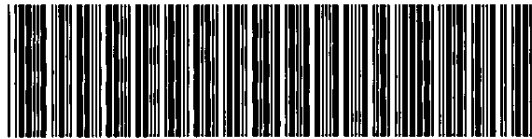
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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2006 MAY 19 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
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May 19, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Kidney Care, LLC

FILED
MAY 19 2006
TALLAHASSEE, FLORIDA
PH 12:45

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non Profit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of RA Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Reports |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

**ARTICLES OF ORGANIZATION
OF
KIDNEY CARE, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 608.401 to 608.471, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is KIDNEY CARE, LLC

SECOND: The Limited Liability is organized to engage in and any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 608.401 to 608.471, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 4686 Pembroke, Place, Orlando, FL 32811.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 4686 Pembroke, Place, Orlando, FL 32811 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Ayad Shukur

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Ayad Shukur (MGRM)
4686 Pembroke, Place
Orlando, FL 32811,

FIFTH: The Limited Liability Company is to be managed by the Member.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on May 16, 2006.



Ayad Shukur

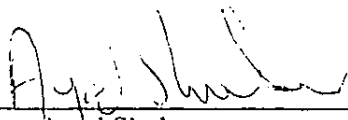
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TALLAHASSEE, FLORIDA

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for KIDNEY CARE, LLC
hereby voluntarily consent to serve as Registered Agent for KIDNEY CARE, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in
the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those
duties and responsibilities.

Dated: May 16, 2006



Ayad Shukur