

L060000058447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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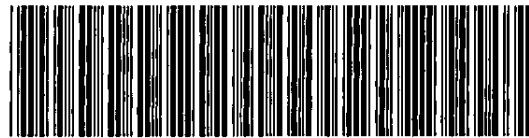
(Business Entity Name)

(Document Number)

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06/02/06--01013--015 \*\*160.00

EFFECTIVE DATE

06-01-06

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN -2 AM 9:39

B. McKnight JUN 08 2006

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ULTIMATE HEALTH GROUP, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. EDWARD MILLER, JR.  
(Name of Person)

ULTIMATE HEALTH GROUP, LLC  
(Firm/Company)

1201 NE 86<sup>th</sup> STREET  
(Address)

MIAMI, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

R. EDWARD MILLER, JR. at ( 305 ) 807 4045  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee   
 ☐ \$130.00 Filing Fee & Certificate of Status   
 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   
 ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

CHECK # 1113

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399 32301-2412

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EFFECTIVE DATE**  
06-01-06ULTIMATE HEALTH GROUP, LLC**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**1201 NE 86<sup>th</sup> STREET  
MIAMI, FL 331311201 NE 86<sup>th</sup> STREET  
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:

R. EDWARD MILLER, JR.

Name


1201 NE 86<sup>th</sup> STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI

FL

33131

City, State, and Zip

*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..*

x   
Registered Agent's Signature

(CONTINUED)

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**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:**MGRR. EDWARD MILLER, JR.  
1201 NE 86th STREET  
MIAMI, FL 33131MGRJINNI RICHARDS  
3208 NE 8th COURT  
POMPANO BEACH, FL 33062MGRMRALPH MILLER, MR. + MRS.  
34391 MARIES ROAD 409  
BELLE, MO 65013MGRMDR. MARK NEVEU  
8041 HARDING AVE, SUITE 101  
MIAMI BEACH, FL 33141

\* (Use attachment if necessary)

\* **NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**

x   
 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.)

R. EDWARD MILLER, JR.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

[\*SEE ATTACHED]

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**ARTICLES OF ORGANIZING FOR FLORIDA LIMITED LIABILITY COMPANY**  
(continued)

**ARTICLE IV – Manager(s) or Managing Member(s)**

**Title:**

**Name and Address:**

“MGR” = Manager

“MGRM” = Managing Member

**MGRM**

Dr. Suzanne Restrepo-Martinez  
6411 SW 16<sup>th</sup> Terrace  
Miami, FL 33155

**MGRM**

Pam Mariast  
3208 NE 8<sup>th</sup> Court  
Pompano Beach, FL 33062

**MGRM**

Jill Kohlberger  
620 Ocean Dunes Circle  
Jupiter, FL 33477

**ARTICLE V – Effective Date**

The effective date for Ultimate Health Group, LLC is June 1, 2006.