

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

LO6000088740

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.

(((H06000223696 3)))



H060002236963ABC1

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP -8 AM 11:46

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Optimum Healthcare Professionals LLC

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

RECEIVED
06 SEP -8 PM 1:38
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten Signature]

H06000223696 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

OPTIMUM HEALTHCARE PROFESSIONALS LLC

ARTICLE II ADDRESS

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

6445 SOUTH CHICKASAW TRAIL #272
ORLANDO, FL 32829

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

LYNN VASQUEZ
6866 REMINGTON VIEW COURT
ORLANDO, FL 32829

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..

X 
LYNN VASQUEZ / Registered Agent's

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP - 8 AM 11:46

H06000223696 3

H06000223696 3

PAGE 2 OPTIMUM HEALTHCARE PROFESSIONALS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

LYNN VASQUEZ

6866 REMINGTON VIEW COURT

ORLANDO, FL 32829

MANAGING MEMBER:

VALERIE JOY VASQUEZ ALI

6512C NEW GOLDENROD ROAD

ORLANDO, FL 32822

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP - 8 AM 11:46

x Lynn Vasquez

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.

LYNN VASQUEZ

Typed or printed name of signee

H06000223696 3