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**To:**

**Division of Corporations  
Fax Number : (850) 205-0383**

**From:**

**Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CENTRAL FLORIDA MEDICAL SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

*12/14*

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Central Florida Medical Services, LLC

## ARTICLE II - Address:

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

c/o Vin Chen, 5955 Ponce de Leon Blvd, Coral Gables, FL 33146

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

Vin Chen

Name

5955 Ponce de Leon Blvd

Florida street address (P.O. Box NOT acceptable)

Coral Gables

FL 33146

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.

  
 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
 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.)

Vin Chen

Typed or printed name of signer

## Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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