Division of Corporations Public Access System

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

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number: 071,001002335 Phone

: (305)599-0839

Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CARE MEDICAL PLAN LLC

Certificate of Status	0
Certified Copy	
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

CARE MEDICAL PLAN LLC

ARTICLE II - Address

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

<u> Principal Office Address:</u> 3520 W 18th Ave, Ste. 115 Hialesh, FL 33012-4634

Mailing Address: 3520 W 18th Ave., Ste. 11 Hialeah, FL 33012-4634

ARTICLE III - Registered Agent

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

Name: Enrique Zamora Address: 3520 W 18th Ave., Sta. 115 Hisleah, FL 33012-4634

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

(CONTINUED) Page 1 of 2

ARTICLE IV -- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

Enrique Zamora 3520 W 18th Ave. Ste. 115 Hialeah, FL 33018

MGR

Fernando Vallejo 1825 Ponce de Leon Blvd, Ste. 361 Coral Gables, FL 33134

MGR

Silvana Zamora 3520 W 18th Ave. Ste. 115 Hialeah, FL 33018

ARTICLE V: Effective date, if other than the date of filing: February 8, 2007

SIGNATURE

Signature of a member or an authorized representative of a member.

Silvana Zamora

Typed of printed name of signee