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# **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: JMF	HEALTHCARE A			
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	·	
Please return all corresp	oondence concerning this matte	er to the following:		
		gerald Francois		
	•	Name of Person)		
	Law Offices of Fr	itzgerald Francois	, P.A.	
	(Firm/Company)			
	600 South Di	xie Hwy, Suite 20	2001 HUR TALLAHI	
		(Address)	罗克	
	Boca Rator	n, Florida 33432	RY SEE	
	· · · · · · · · · · · · · · · · · · ·	/State and Zip Code)	77, 3	
For further information	concerning this matter, please	call:	ORIDA	
Fritgerald Fra		at ( 561 ) 417-713 (Area Code & Daytime Te	31	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or 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)	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED COMPANY

#### **ARTICLE I- NAME**

The name of the Limited Liability Company shall be: JMF HEALTHCARE AGENCY, LLC

#### **ARTICLE II- PRINCIPAL OFFICE**

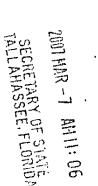
The principal place of business and mailing address of this corporation shall be:

4952 N. Hemingway Circle Margate, Florida 33063

## **ARTICLE III- PURPOSE(S)**

The purpose for which this Limited Liability Company is organized:

ANY AND ALL LAWFUL BUSINESS.



## ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

Fritzgerald Francois, Esq. 600 South Dixie Hwy, Suite 209 Boca Raton, Florida 33432

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 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.

Registered Agent Signature

## **ARTICLE VII- MANAGER MEMBERS**

<u>Title:</u> Name and Address:

MGRM, President Fernand Joseph 270 NW 96<sup>th</sup> Street,

270 NW 96<sup>th</sup> Street, Miami, Florida 33150

MGRM, Vice-President Jocelyne Blanc-Hanna

4952 N. Hemingway Circle Margate, Florida 33063

MGRM, Secretary Miseline Fabre

930 NE 157<sup>th</sup> Terrace Miami, Florida 33162

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SECRETARY OF STATE
AND A SEE. FLORIDA