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TALLAHASSEE, FLORIDA

607-25717
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMF HEALTHCARE AGENCY, 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:

Fritzgerald Francois

(Name of Person)

Law Offices of Fritzgerald Francois, P.A.

(Firm/Company)

600 South Dixie Hwy, Suite 209

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Fritzgerald Francois

(Name of Person)

at (561) 417-7131

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
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|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**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.

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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

Title:

Name and Address:

MGRM, President

Fernand Joseph
270 NW 96th Street,
Miami, Florida 33150

MGRM, Vice-President

Jocelyne Blanc-Hanna
4952 N. Hemingway Circle
Margate, Florida 33063

MGRM, Secretary

Miseline Fabre
930 NE 157th Terrace
Miami, Florida 33162

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