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To: Division of Corporations
Fax Number : (850) 205-0383
From: *Angie C. Sneed, General*
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WESTON MEDICAL SERVICES, LLC

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**ARTICLES OF ORGANIZATION
OF
WESTON MEDICAL SERVICES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Weston Medical Services, LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **17180 Royal Palm Boulevard, Windmill Professional Campus, Units A and B, Weston, Florida 33326.**

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

The name and the Florida street address of the registered agent are: **Guillermo Rochin, at 17180 Royal Palm Boulevard, Windmill Professional Campus, Units A and B, Weston, Florida 33326.**

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.


Guillermo Rochin, Registered Agent

Signed and dated this 16th day of March, 2007.


L. Frank Cordero, Esq.
Authorized Representative of a Member

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