LU70000 88597

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Cit	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
. Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

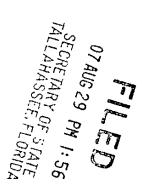
Office Use Only



000106972410

08/29/07--01019--014 **155.00

OT AUG 29 AM III: 05



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

Examiner's Initials

	Office Use Uniy
CORPORATION NAME(S) & DOCUM	
GLOBAL MEDI	CAL, LLC
(Corporation Name)	(Document #)
	·-,
2.	•
(Corporation Name)	(Document #)
,	
(Corporation Name)	(Document #)
A	
(Corporation Name)	(Document #)
	,
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
	Man
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
U Other	Merger *
OTHER FILINGS	REGISTRATION/QUALIFICATION
_	
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement
	Trademark
	Other
·	

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	TANK OF THE PARTY			
ARTICLE I - Name: The name of the Limited Liability Company is: GLOBAL MEDICAL, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:				
			The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
			Principal Office Address:	Mailing Address:
			8311 NW 68th STREET	8311 NW 68th STREET
MIAMI, FL. 33166	MIAMI, FL. 33166			
business entity with an active Florida registration.) The name and the Florida street address of the re LARRY TRESP Name				
8311 NW 68th	STREET			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)			
MIAMI, FL. 3	3-1,66			
City, State, and	nd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as i. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Rogistered Agent's Signatu	ure (REQUIRED)			

(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:

MGRM	LARRY TRESPALACIOS
	8311 NW 68th STREET
	MIAMI, FL. 33166
MGRM	AURORA R. TRESPALACIOS
	8311 NW 68th STREET
	MIAMI, FL. 33166
,	
Use attachment if necessar	y)
LE V: Effective date, if othe fective date is listed, the dadays after the date of filing	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day (.)

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.)

LARRY TRESPALACIOS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)