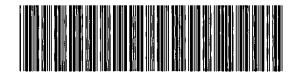
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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EXAMINER



ECFS

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134 PH: (305)444-4994 FAX: (305)444-4977

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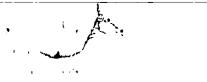
Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1	CCS MeDIC	IAL CONSULTANTS, LLC
2.	(OSIDO/GGO/ITGITG)	(Seesandik # /
_	(Corporation Name)	(Document #)
3	(Corporation Name)	(Document #)
4. ₋	(Corporation Name)	(Document #)
_ [Walk in Pick up Mail out Will wa	
•	Mail out Will Wa	it Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/ Director
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	· .	
	OTHER FILINGS	REGISTRATION/ QUALIFICATION
	Annual Report	<u> </u>
	Fictitious Name	Foreign
L	Name Reservation	Limited Partnership Reinstatement

Trademark

Other



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCS MEDICAL CONSULTANTS, 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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
	-
2900 PALM AVENUE	2900 PALM AVENUE
HIALEAH, FL 33012	HIALEAH, FL 33012

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARMANDO A.	SANTELICES
Nam	ne
2900 PALM	IAVENUE
Florida street a	address (P.O. Box NOT acceptable)
HIALEAH	_{FL} 33012
City, State	e, and Zip

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 (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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGRM	ARMANDO A. SANTELICES
	2900 PALM AVENUE
	HIALEAH, FL 33012
MGRM	ANAIS B. CORTEZ
	2900 PALM AVENUE
	HIALEAH, FL 33012
MGRM	JOSE CONTRERAS
<u> </u>	2900 PALM AVENUE
	HIALEAH, FL 33012
	er than the date of filing: (OPTION
	te must be specific and cannot be more than five business da
days after the date of filing	ş.)
	ş.)
days after the date of filing REQUIRED SIGNATUR	ş.)
REQUIRED SIGNATURE Signature of this documents of this documents of the content	E:

Typed or printed name of signee