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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

National Medical Administrators, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 29 2008

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Medical Administrators, 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:6245 N. FEDERAL HIGHWAY SUITE 401
FT. LAUDERDALE, FL 33308**Mailing Address:**6245 N. FEDERAL HIGHWAY SUITE 401
FT. LAUDERDALE, FL 33308**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:

BILLIE KNIGHT

Name

6245 N. FEDERAL HIGHWAY SUITE 401Florida street address (P.O. Box ~~NOT~~ acceptable)FT. LAUDERDALE, FL 33308

City, State, 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 that 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.

X
Registered Agent's Signature (REQUIRED)FILED
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DIVISION OF CORPORATION

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Blumberg Excelsior Corp Svcs
62 White Street
New York, NY 10013(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BULLIE KNIGHT

8245 N. FEDERAL HIGHWAY SUITE 401
FT. LAUDERDALE, FL 33308

FT. LAUDERDALE, FL 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a chamber.

(In accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BILLIE KNIGHT

Typed or printed name of signer

Filling Feet:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)