

L08000050145

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000133379 3)))



H080001333793ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.
Account Number : I20030000135
Phone : (305) 448-4344
Fax Number : (305) 448-7887

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 20 AM 10:59

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OPTIMAL HEALTH MD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

J. BRYAN

MAY 21 2008

EXAMINER

RECEIVED
08 MAY 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000133379 3)))

ARTICLES OF ORGANIZATION FOR

OPTIMAL HEALTH MD, LLC

ARTICLE I - NAME

The name of the limited liability company shall be **OPTIMAL HEALTH MD, LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 201 North Ocean Dr., Hollywood, Florida 33019.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Roland Sanchez-Medina Jr., Sanchez-Medina & Associates, P.A., 2333 Ponce de Leon Blvd., Suite 302, Coral Gables, Florida 33134.

ARTICLE IV - MANAGEMENT

The Company will be a member-managed company.

Having been named as registered agent and to accept service of process for the above-stated 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 of registered agent as provided for in Chapter 608, F.S.



Roland Sanchez-Medina Jr.



Roland Sanchez-Medina Jr., as authorized representative

(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.)

(((H08000133379 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 20 AM 10:59