

W08000089903

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.

((H08000219473 3)))



H080002194733ABC1

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 : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

SEP 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA MEDICAL INVESTMENT GROUP LLC

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

T. CLINE

SEP 23 2008

Electronic Filing Menu

Corporate Filing Menu

Help
EXAMINER

RECEIVED

08 SEP 22 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000219473

**ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA MEDICAL INVESTMENT GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

243 NE 7th Street
Crystal River, FL 34429

Mailing Address:

P.O. Box 641443
Beverly Hills, FL 34464

**ARTICLE III - Registered Agent, Registered Office
and Registered Agent's Signature:**

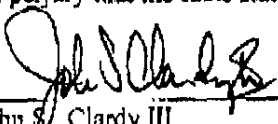
The name and the Florida street address of the initial registered agent are:

JOHN S. CLARDY III

243 NE 7th Street
Crystal River, FL 34429

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

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



John S. Clardy III

H08000219473

FILED
2008 SEP 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000219473

ARTICLE IV - Manager(s) or Managing Member(s):

Title:

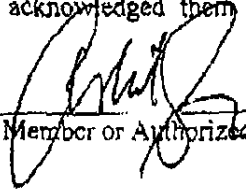
Name and Address:

Ashish Sanon
Jayanth Rao

MGR/Member
Member

P.O. Box 641443, Beverly Hills, FL 34464
3484 Grayhawk Loop, Lecanto, FL 34461

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19th day of September, 2008.



Signature of Member or Authorized Representative

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

Ashish Sanon

Typed or Printed name of signer

Filing Fee: \$100.00 for Articles of Organization
\$25.00 for Designation of Registered Agent
\$30.00 for Certified Copy Articles Organization

SEP 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000219473