

01/22/2009

9:08

561981 33

LLOYD GRANET PA

PAGE 01/02

Division of Corporations

Page 1 of 1

LD9000007432

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.

((H09000014983 3)))



H080000149833ABC1

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 : LLOYD GRANET  
Account Number : 074632001025  
Phone : (561) 999-9300  
Fax Number : (561) 999-9400

L. SELLERS

JAN 23 2009

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

American Medical Depot LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

09 JAN 22 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

97-123

C-7

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 22 AM 8:21

FILED

Fax Audit: H09000014983 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is:

**American Medical Depot LLC**

**ARTICLE II - Address:**

The mailing and street address of the principal office of the limited liability company is:

4380 NW 135 Street  
Opa Locka, FL 33054

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

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

**Lloyd Granet, P.A.  
2295 NW Corporate Boulevard, Suite 235  
Boca Raton, FL 33431-7330**

*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.*

By: Registered Agent's Signature

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Signature of a member or an authorized representative of a member

**Lloyd Granet**  
Typed or printed name of signee