

**L09000016790**

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.**

(((H09000039419 3)))



H090000394193ABC2

**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 : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 19 AM 8:06

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****MERIDIAN ONE MIAMI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/19/2009

N. C. C. C. C.

FEB 20 2009

RECEIVED  
09 FEB 19 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000039419 3

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**  
**OF**  
**MERIDIAN ONE MIAMI, LLC**

The undersigned files these Articles of Organization in order to form a  
Limited Liability Company under the laws of the State of Florida.

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**MERIDIAN ONE MIAMI, LLC**

**ARTICLE II - Principal Office Address**

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

7331 SW 123 Place  
Miami, Florida 33183

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

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

Jim Puente, CPA  
11120 N. Kendall Drive, Suite 200  
Miami, Florida 33176

*Having been named as registered agent 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.*

  
JIM PUENTE

H09000039419 3

FILED  
09 FEB 19 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000039419 3

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

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

MGRM                      Marinela Boeru, MD  
7331 SW 123 Place  
Miami, Florida 33183

*IN WITNESS WHEREOF* the undersigned, being and constituting the Managing Partner of the Company, does hereby execute and file these Articles of Organization and declare and certify that the facts herein stated are true this 18<sup>th</sup> day of FEB, 2009.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

MARINELA BOERU  
\_\_\_\_\_  
Type or print name of signer

FILED  
09 FEB 19 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H09000039419 3