

FROM : LAZARUS

Fax No: (305) 220-1440

Jun 01 2009 1:03 PM P1  
http://file.scribble.org/scripts/efilcovr.exe

# L09000052816

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.

((H09000132921 3)))



H090001329213ABC.

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552 5973  
Fax Number : (305) 220-1440

FILED  
09 JUN - 1 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NuSol International Medical Supply, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

JUN - 2 2009

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

H09000132921

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

The name of the Limited Liability Company is:

NU SOL INTERNATIONAL MEDICAL Supply, 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:**11313 NW 65TH STREET  
MIAMI, FLORIDA 33178**Mailing Address:**SAME**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:

WILFREDO (TONY) GUAJARDO  
Name11313 NW 65TH STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI, FL, 33178

City, State, and Zip

FILED  
09 JUN - 1 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H09000132921

H09000132921

**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

"MGRM""MGR"**Name and Address:**

WILFREDO (TONY) GUAIARDO  
 11313 N.W. 65<sup>TH</sup> STREET  
 MIAMI, FLORIDA 33178

JOSE RAFAEL CRUZ  
 4320 NW 107 AVE SUITE 204  
 DORAL FL. 33178

(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 member.

(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.)

WILFREDO (TONY) GUAIARDO  
 Typed or printed name of signee

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

09 JUN - 1 AM 8:56

FILED

**Filing Fees:**

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

H09000132921