

# L09000057831

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
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Account Name : EASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

NE MIAMI MEDICAL SERVICES, PLLC.

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

J. BRYAN

JUN 16 2009

EXAMINER

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**ARTICLES OF ORGANIZATION**  
**OF**  
**NE MIAMI MEDICAL SERVICES, PLLC.**

The undersigned hereby execute these Articles for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company (the "Company").

**ARTICLE I: NAME**

The name of the Company shall be NE MIAMI MEDICAL SERVICES, PLLC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the Limited Liability Company shall be 855 NE 125<sup>th</sup> Street, North Miami, FL 33161.

**ARTICLE III: PURPOSE OF LIMITED LIABILITY COMPANY**

This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation related to medical practice.

**FILED**  
09 JUN 15 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Zenaida Amayao Reyes-Arguelles  
855 NE 125<sup>th</sup> Street  
North Miami, FL 33161

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

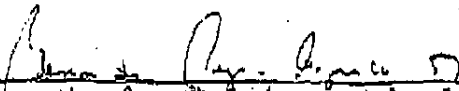
**ARTICLE V: Manager(s) or Managing Member(s):**

The name and address of managing member is:

(MGRM)  
Zenaida Amayao Reyes-Arguelles  
855 NE 125<sup>th</sup> Street  
North Miami, FL 33161

The undersigned, being the original member of the Company, hereby certifies that the foregoing constitutes the Articles of NE MIAMI MEDICAL SERVICES, PLLC.

Executed by the undersigned on June 11, 2009.

  
Signature of a member of an authorized representative of a member

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