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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PALMS HEALTH CENTERS, L.L.C.

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

C. LEWIS

JUL 2 3 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CAPITATION FOR FLORIDA LIMITED LIABILITY CAPITATION FOR FLORIDA

ARTICLE I - Name:

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The name of the Limited Liability Company is:

PALMS HEALTH CENTERS, L.L.C.

ARTICLE II - Address:

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

6075 SUNSET DR., 4^{TR} FLOOR MIAMI, PL 33143

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

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

MARK A. CERECEDA 6075 SUNSET DR., A^M FLOOR MIAMI, FL 33143

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 dutles, and I am familiar with and accept the abligations of my position as registered agent as provider for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

	. The Limited Liability Company is to be managed by one manager or more managers and
	is, therefore, a manager – managed company.
	ρ .
	(An additional artiple must be added if an offective date is requested)
	Signature of a member or an authorized representative of a member.
	SARPHUPE OF A (fibritoe) of all audiotized representative of a resilion.
	(in accordance with section 608.408(3), Florida Statutes, the execution
	of this document constitutes an affirmation under the ponalties of perjury
	that the facts at and discrein are true.)
	MANE A CERTICAL
	MARK A CERECEDA
	Typed or printed name of signee

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ARTICLE V - Member(1) & Managing Member(3)

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The name(s) and address(s) of the initial member(s) of the Company is/arc:

NAME

ADDRESS

TITLE

MARK A. CERECEDA

6075 SUNSET DR., 4TH FLOOR

MGR MBR

MIAMI, FL 33143

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987

N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

21 day of LUL

. 20 09

MARKA. CERECEDA, MANAGER MEMBER