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To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

OCT - 5 2009

From:

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

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****PSYCHMED MEDICAL GROUP LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSYCHMED MEDICAL GROUP LLC.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2901 NW. 7 ST.

MIAMI, FL. 33125

Mailing Address:

2901 NW. 7 ST.

MIAMI, FL. 33125

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:

JAVIER GONZALEZ

Name

14974 SW. 32 TERR.

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33185

City, State, and Zip

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

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

" MGR "

Name and Address:

JAVIER GONZALEZ

14974 SW. 32 TERR.

MIAMI, FL. 33185

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-5-09

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

JAVIER GONZALEZ

Typed or printed name of signer

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TALLAHASSEE FLORIDA