

L09000119775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

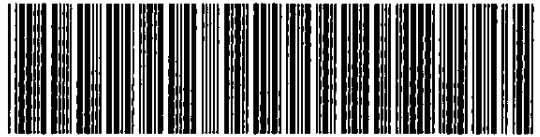
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 17 2009

EXAMINER



600163408246

12/14/09--01047--011 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 PM 2:49

Eff. date

609-54345

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GU-MED HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert L. Weintraub, Esq.
Name of Person

Weintraub and Weintraub
Firm/Company

740 Palm Drive
Address

Satellite Beach, FL 32937
City/State and Zip Code

Albert W@Prodigy.Net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert L. Weintraub
Name of Person

at (305) 490-3100
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GL-MED HOLDINGS, 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:

Mailing Address:

6401 SW 87 Ave
Suite III
Miami, FL 33173

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:

Albert L. Weintraub

Name

740 Palm Drive

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

Satellite Beach FL 32937

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 PM 2:49

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..

[Signature]
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

Name and Address:MGRDr. Raul R. Cuadrado
3250 Riviera Drive
Coral Gables, FL 33134MGRM~~MGRM~~Esther B. Telleshea
6401 SW 8th Ave, Suite 111
Miami, FL 33173MGRMDr. Mark Kutner
230 Solano Prado
Coral Gables, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec 7, 2009 (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.)

Esther B. Telleshea
Typed or printed name of signer**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)

Page 2 of 2