

L10000002737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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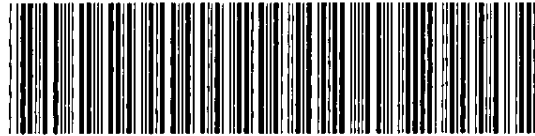
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JAN - 8 2010

EXAMINER

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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. YM Health CENTER LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick up time <u>2.00</u> | <input checked="" type="checkbox"/> Certified Copy |
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| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Liability Company is:

YM HEALTH CENTER LLC

ARTICLE II – Address:

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

9730 SW 184 ST, MIAMI, FL 33157

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

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

MIRVEYIS MAYES

Name

18211 SW 143 CT

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

MIAMI, FL 33177

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, F.S.


Register Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

- ☒ The Limited Liabilities Company is to be managed by one or more managers and is, therefore, a manager / managed company.

MIRVEYIS MAYES

MANAGER

18211 SW 143 CT

MIAMI, FL 33177

(An additional article must be added if an affected date is required)

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.)

MIRVEYIS MAYES

X

12/30/2009


Typed of printed name of signee

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