

03/22/2010 11:16
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LOUIS N SCHOLNIK PA
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LOUIS N. SCHOLNIK, P.A.
Account Number : I20010000132
Phone : (954) 771-4790
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: aaryan@robertsrx.com

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**FLORIDA LIMITED LIABILITY CO.
A&Z ENTERPRISES OF FLORIDA, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

*Name changed
to:
Sure Medical
Services LLC*

D. BRUCE

MAR 23 2010

EXAMINER

03/22/2010 11:16
000-017-0301

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LOUIS N SCHOLNIK PA
3/16/2010 9:13:38 AM PAGE 1/001

PAGE 02/05
Fax Server



March 12, 2010

LOUIS N SCHOLNIK, PA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
10 MAR 22 AM 7:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: A&Z ENTERPRISES OF FLORIDA, LLC
REF: W10000012545

*Changed Name to:
Sole Medical Services LLC
Attached*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P96000093309 (A & Z ENTERPRISES, INC).

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000056436
Letter Number: 910A00006145

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**ARTICLES OF ORGANIZATION
OF
SUREMEDICAL SERVICES, LLC**

ARTICLE I

The name of this limited liability company shall be **SureMedical Services,**

ARTICLE II

The period of duration shall be perpetual.

ARTICLE III

This limited liability company is organized for the purpose of conducting any activity permitted under the laws of the State of Florida.

ARTICLE IV

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be **13400 SW 83 Ave., Pinecrest, FL 33156.** The initial registered agent shall be **Aiman Aryan**, located at **13400 SW 83 Ave., Pinecrest, FL 33156.**

ARTICLE V

This limited liability company has at least two (2) members. The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be as provided in the Regulations of the limited liability company.

ARTICLE VI

This limited liability company shall be managed and operated by the members of the limited liability company as the managers thereof. The members of the limited liability company are: **Aiman Aryan and Ziad El Aryan.**

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the 2nd day of March, 2010.


Aiman Aryan, Member

[Notarization on following page]

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }

BEFORE ME, personally appeared Alman Aryan, to
me well known and known to me to be the person described in, and who acknowledged
to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 22nd day of March, 2010.


NOTARY PUBLIC

My Commission Expires:

(Notarial Seal)



Lydia Priest
Commission # DD580772
Expires August 16, 2010
Bonded Tary Fain - Insurance, Inc. 800-365-7019

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT **SureMedical Services, LLC**, DESIRING TO ORGANIZE OR QUALIFY
UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF
BUSINESS AT THE CITY OF PINECREST, STATE OF FLORIDA, HAS NAMED **AIMAN
ARYAN, LOCATED AT 13400 SW 83 AVE., PINECREST, FL 33156**, AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

AIMAN ARYAN

SIGNATURE: 

Aiman Aryan

DATE: March 22, 2010

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