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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name ; EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 : (305)633-9696 Fax Number

**Enter the emall address for this business entity to be used annual report mailings. Enter only one email address please **

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FLORIDA LIMITED LIABILITY CO. TNS MEDICAL CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

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EXAMINER

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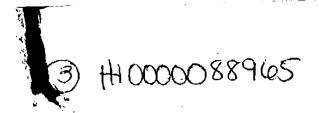
Help

https://efile.sunbiz.org/scripts/efilcovr.exe EMPIRE CORP KIT

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PAGE 01/03



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Lisbility Company is:
TNS Medical Center, UC
(Must and 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:
1745 NW 151 Street 1745 NW 151 Street 50 = 1745 NW 151
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 Plorida registration.)
The name and the Florida street address of the registered agent are:
Name
19035 N.W 82 Avenue
Florida serset address (P.O. Box NOT acceptable)
Migray Gradus H 3311-9

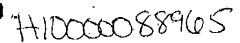
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Tonicka Brown
	1745 NW 1518 84.
1100	Opportunity of the control of the co
MUS	Nicole Ghamme 2030 NE 305 NE #210
	AVENTURA PL 33180
	SILCH
MAKM	19035 NW 8 Avenue
	Miami Gardens, EL 33/69 22
	Jeadrick Gartt 19035 NW 825 Avenue Miami Gardens, Et 33/69 DA
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(Use attachment if necessary)	
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LEV: Effective date, if other than the	
days after the date of filing.)	e specific and cannot be more than five business days pr
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Filling Feen;

\$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

(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.)

Typed or printed dame of signee