

MAY-24-2012 THU 10:06 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
MIAMI MED SERVICES, LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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G. MCLEOD

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Corporate Filing Menu

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MAY 26 2010

EXAMINER

RECEIVED
10 MAY 25 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 AM 11:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MIAMI MED SERVICES, 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:**590 EAST 25TH ST590 EAST 25TH STSUITE: 403SUITE: 403HIALEAH FL 33013HIALEAH FL 33013**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:

REINA GOMEZ

Name

590 EAST 25TH ST - SUITE: 403Florida street address (P.O. Box NOT acceptable)HIALEAH FL 33013FL

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)

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FRED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

MGRM

REINA GOMEZ

590 EAST 25TH ST - SUITE: 403

HIALEAH FL 33013

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-24-2010 (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.)

REINA GOMEZ

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)