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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

4 Corners Medical LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

JUL 13 2010

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

4 CORNERS MEDICAL LLC

ARTICLE II ADDRESS

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

7001 PELICAN ISLAND DRIVE
TAMPA, FLORIDA 33634

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JAEMON FARCHIONE
7001 PELICAN ISLAND DRIVE
TAMPA, FLORIDA 33634

FILED
2010 JUL 12 AM 8:29
TALLAHASSEE
FLORIDA
STATE

Having been named as registered agent 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.

x Jaemon Farchione

JAEMON FARCHIONE / Registered Agent's signature

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4 CORNERS MEDICAL LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JAIMON FARCHIONE
7001 PELICAN ISLAND DRIVE
TAMPA, FLORIDA 33634

MANAGING MEMBER
SAMUEL FARCHIONE
2500 GROUSE LANE
ROLLING MEADOWS, ILLINOIS
60008

MANAGING MEMBER
JARED FARCHIONE
10215 HUNTERS HAVEN BLVD
RIVERVIEW, FLORIDA 33569

MANAGING MEMBER
SHARI RINCON
4544 ATWOOD CAY CIRCLE
SARASOTA, FLORIDA 34233

2012 JUL 12 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

X Jaimon Farchione

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.

JAIMON FARCHIONE