

Division of Corporations

10000092094

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000195706 3)))



H100001957063ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FASTKIT CORP
Account Number : J20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 SEP - 1 AM 8:24

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ESTHER LEVIN, MD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. CLINE

SEP - 2 2010

EXAMINER

RECEIVED
10 SEP - 1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Organization for Florida Limited Liability Company
of
ESTHER LEVIN, MD, LLC

Article I. Name

The name of this Florida Limited Liability Company is:
ESTHER LEVIN, MD, LLC

Article II. Address

The mailing address of the Limited Liability Company is:

ESTHER LEVIN, MD, LLC
475 BILTMORE WAY, SUITE 401
CORAL GABLES, FL 33134

Article III. Registered Agent

The name and address of the registered agent of the Limited Liability Company is:

ESTHER LEVIN
475 BILTMORE WAY, SUITE 401
CORAL GABLES, FL 33134

Having been named as registered agent and to accept service of process of 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.

By: 

ESTHER LEVIN
Registered Agent

Prepared by:
Robert P. Rashlin
11120 N. Kendall Dr., #201 Miami, FL 33178
(305)270-2040

FILED
2010 SEP - 1 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV

The company shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

Article V. Members

The names and addresses of the initial members of the Company are:

ESTHER LEVIN
475 BILTMORE WAY, SUITE 401
CORAL GABLES, FL 33134

By: 

ESTHER LEVIN
Managing Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 SEP - 1 AM 8 24


FILED

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

COMPANY:
ESTHER LEVIN, MD LLC

REGISTERED AGENT:
ESTHER LEVIN
475 BILTMORE WAY, SUITE 401
CORAL GABLES, FL 33134

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position


By: _____
ESTHER LEVIN
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP - 1 AM 8 24

FILED