

L10000126071

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.

((H10000264006 3)))



H100002640063ABCT

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 : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****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.
ALLIANCE MEDICAL CARE SUPPLIES, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
10 DEC -8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 DEC -8 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

DEC -9 2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLIANCE MEDICAL CARE SUPPLIES, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

181 RIVER WALK CIRCLE
SUNRISE FL. 33326

Mailing Address:

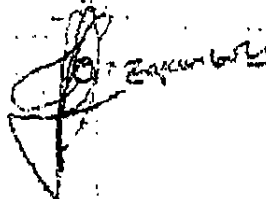
181 RIVER WALK CIRCLE
SUNRISE FL. 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FROILAN M. ESPARRAGOZA
181 RIVER WALK CIRCLE
SUNRISE FL. 33326

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..



FILED
10 DEC - 8 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Manager.

Name and Address

FROILAN M. ESPARRAGOZA
181 RIVER WALK CIRCLE
SUNRISE FL. 33326

Manager

ANA POLITANO
181 RIVER WALK CIRCLE
SUNRISE FL. 33326

REQUIRED SIGNATURE:



Signature of member or authorized representative of a member

(In accordance with section 609.40(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true)

FROILAN M. ESPARRAGOZA

Typed or printed name of signer

FILED
10 DEC - 8 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA