

L11000000411

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.

((H11000007497 3)))



H110000074973ABCS

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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: keithingraueatt.net

FLORIDA LIMITED LIABILITY CO.

King Ram Medical LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

A. LUNT

JAN 11 2010

EXAMINER

RECEIVED
11 JAN 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 JAN 10 AM 10:35
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **King Ram Medical LLC**

ARTICLE II - Address

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

Principal Office Address:

5791 Highland Lake Dr.

Milton, FL 32583

Mailing Address:

5791 Highland Lake Dr.

Milton, FL 32583

FILED
2011 JAN 10 AM 10:35
CLERK OF COURT
MILAN, MISSISSIPPI

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

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

Keith Ingram

Name

5791 Highland Lake Dr.

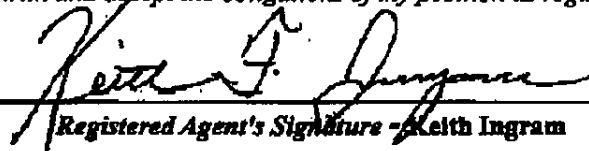
(P.O. Box or Mail Drop Box NOT Acceptable)

Milton, FL 32583

(City / State / 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.

X


Registered Agent's Signature - Keith Ingram

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

H11000007497

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Keith Ingram, 5791 Highland Lake Dr., Milton, FL 32583

(Use attachment if necessary)

REQUIRED SIGNATURE:

X


Signature of a member or 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.)

Keith Ingram

Typed or printed name of signer

FILED
2011 JAN 10 AM 10:35
CLERK OF DISTRICT COURT
ALBANY, GEORGIA

H11000007497