

L110VVU14588

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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B. KOHR

FEB - 3 2011

EXAMINER



300188922053

01/27/11--01004--022 **155.00

RECEIVED

11 JAN 27 AM 11:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/26/2011

11 JAN 27 PM 3:28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ADVANCED MEDICAL CARE, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2011

LAZARUS

TALLAHASSEE, FL

SUBJECT: ADVANCED MEDICAL CARE, LLC
Ref. Number: W11000005208

EFFECTIVE DATE 1/26/2011

RECEIVED
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2011 FEB -3 PM 3:16
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
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DIVISION OF CORPORATIONS
11 JAN 27 PM 3:28

We have received your document for ADVANCED MEDICAL CARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is ADVANCED MEDICAL CARE, CORP. -- Document Number P94000012510.

Please note that we are RETAINING your \$155.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 511A00002317

EFFECTIVE DATE

1/26/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACMEDICAL MALL -I, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

8000 Governors Square Blvd Suite 201
Miami Lakes, FL 33016

Mailing Address:

8000 Governors Square Blvd Suite 201
Miami Lakes, FL 33016

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:

Patrick Barthet

Name

200 S. Biscayne Blvd Suite 1800

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33131

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)

Page 1 of 2

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DIVISION OF CORPORATIONS
11 JAN 27 PM 3:28

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

Gerardo Necuze

8000 Governors Square Blvd #201

Miami Lakes, FL 33016

MGR

Luis Perez

8000 Governors Square Blvd #201

Miami Lakes, FL 33016

MGR

Manuel Enriquez

8000 Governors Square Blvd #201

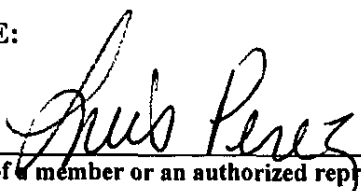
Miami Lakes, FL 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 26, 2011. (OPTIONAL)

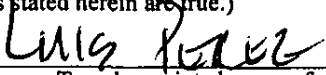
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)