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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
NOSTRUM MEDICAL CENTER, HOMESTEAD, LLC**

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

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T. HAMPTON  
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EXAMINER

5/11/2011 12:27 PM

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NOSTRUM MEDICAL CENTER, HOMESTEAD, LLC

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

## ARTICLE II - Address:

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

Principal Office Address:1235 N. KROME AVE  
HOMESTEAD, FL  
33030Mailing Address:1235 N. KROME AVE  
HOMESTEAD FL  
33030

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LAZARO MOREIRA.

Name

1235 N. KROME AVEFlorida street address (P.O. Box NOT acceptable)HOMESTEAD FL 33030

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)

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**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:**MGRMLAZARO MOREIRA4155 SW 130 AVE STE 211  
MIAMI, FL 33175MGRMALAIN BONVECCHIO7400 W. FLAGLER ST.  
MIAMI, FL 33144MGRMNILDA R. ACOSTA, MD1235 N. KROME AVE  
HOMESTEAD, FL 33030

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LAZARO MOREIRA.

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)

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