

L11000056526

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.

(((H11000128797 3)))



H110001287973ABC3

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 : RASCO, REININGER, PEREZ & ESQUENA
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

2011 MAY 12 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

RECEIVED
11 MAY 12 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Medcore Measures, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

T. CLINE
MAY 13 2011
EXAMINER

Audit No.: H11000128797 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is:

Medcore Measures, LLC

ARTICLE II. - Address

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

c/o 283 Catalonia Avenue, 2nd Floor
Coral Gables, FL 33134

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

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

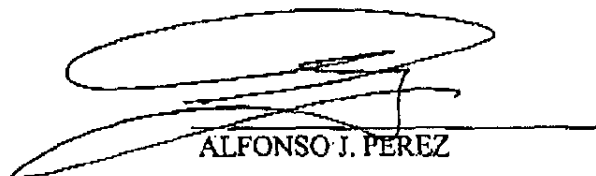
Alfonso J. Perez
283 Catalonia Avenue, Second Floor
Coral Gables, Florida 33134

2011 MAY 12 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:


ALFONSO J. PEREZ

Audit No: H11000128797 3
This instrument was prepared by:
Alfonso J. Percz, Esq.
Rasco Klock Reininger Perez Esquenazi Vigil & Nieto
283 Catalonia Ave. 2nd. Floor
Coral Gables, Florida 33134
(305) 476-7100


Audit No. H11000128797 3

ARTICLE IV. - Management:

X The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

Ruben Ricardo, M.D.
c/o 283 Catalonia Avenue, 2nd Floor
Coral Gables, FL 33134

Shannon Perez, R.N.
c/o 283 Catalonia Avenue, 2nd Floor
Coral Gables, FL 33134



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.

4835-7544-6025, v. 1

FILED
2011 MAY 12 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No H11000128797 3
This instrument was prepared by:
Alfonso J. Perez, Esq.
Rasco Klock Reininger Perez Esquenazi Vigil & Nieto
283 Catalonia Ave., 2nd Floor
Coral Gables, Florida 33134
(305) 476-7100