

L11006090281

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

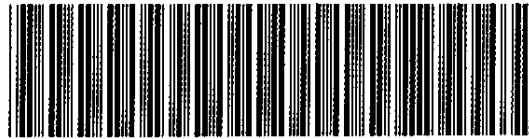
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AUG 5 2011

EXAMINER



000210263560

08/05/11--01021--004 \*\*155.00

RECEIVED  
11 AUG -5 AM 11:43  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 AUG -5 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/05/2011

REF. #: 000380.152351

CORP. NAME: GASTRO CARE SPECIALISTS GP, LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG -5 PM 3:07

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 540 883 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
GASTRO CARE SPECIALISTS GP, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I. NAME**

The name of the limited liability company is GASTRO CARE SPECIALISTS GP, LLC  
(the "Limited Liability Company").

**ARTICLE II. ADDRESS**

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

8525 S. W. 92<sup>nd</sup> Street, Suite D-17  
Miami, FL 33156

**ARTICLE III.**

**REGISTERED AGENT, OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the Limited Liability Company's registered agent  
are as follows:

NRAI Services, Inc.  
515 E. Park Avenue  
Tallahassee, FL 32301

Having been named as registered agent to accept service of process for the 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 of the  
Florida Statutes.

*Katie Wornish, Asst. Sec.*

Date: August 2, 2011

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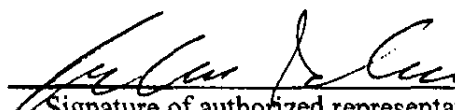
#### ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be managed by its members. The names and addresses of the initial members of the Limited Liability Company are as follows:

Javier Sobrado, M.D.  
8525 S. W. 92<sup>nd</sup> Street, Suite D-17  
Miami, FL 33156

Angel Veloso, M.D.  
8525 S. W. 92<sup>nd</sup> Street, Suite D-17  
Miami, FL 33156

Carlos Vargas, M.D.  
8525 S. W. 92<sup>nd</sup> Street, Suite D-17  
Miami, FL 33156

  
\_\_\_\_\_  
Signature of authorized representative of a member

Printed Name: Jahan S. Islami

Date: August 2, 2011

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.