

From: Sam Patel

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To:

Fax: +1 (850) 617-6383

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Division of Corporations

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Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407) 298-3900  
Fax Number : (407) 298-0660

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
ALM MEDS MANAGEMENT AND CONSULTING LLC

Certificate of Status	1
Certified Copy	0
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AUG 23 2011

EXAMINER

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**A.L.M MEDS MANAGEMENT AND CONSULTANCY 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:

**509 S. CHICKASAW TRAIL, SUITE 224,  
ORLANDO, FL 32825**


**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:

**SUSAN BALKARAN  
509 S. CHICKASAW TRAIL, SUITE 224,  
ORLANDO, FL 32825**

*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..*

 8/23/11

SUSAN BALKARAN / Registered Agent's Signature

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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:

"MGR" = Manager

"MGRM" = Managing Member

SUSAN BALKARAN, MGRM  
509 S. CHICKASAW TRAIL, SUITE 224,  
ORLANDO, FL 32825

**ARTICLE V:** Effective date, if other than the date of filing: **AUGUST 24, 2011**  
(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.)

SUSAN BALKARAN

*Typed or printed name of signee*

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