

Division of Corporations

L11000125337

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.

(((H11000262170 3)))



H110002621703ABCU

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

L. SELLERS

NOV - 8 2011

EXAMINER

****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.
PHYSICIANS CENTRAL BUSINESS OFFICE, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED:

11 NOV - 2 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV - 2 PM 12:34

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHYSICIANS CENTRAL BUSINESS OFFICE, L.L.C.

ARTICLE II - Address:

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

**51 E. 1ST AVE
HIALEAH, FL 33010**

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

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

**MARK A. CERECEDA
51 E. 1ST AVE
HIALEAH, FL 33010**

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

ARTICLE IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

MARK A. CERECEDA
Typed or printed name of signer

11 NOV - 2 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(es) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
MARK A. CERECEDA	31 E. 1 ST AVE. HIALEAH, FL 33010	MGR MBR

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

1 day of November - 20 11.



MARK A. CERECEDA, MANAGER MEMBER