L11000/28949

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fittitle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
·
·

Office Use Only



600214142836

11/10/11--01033--002 **160.00

11 NOV 10 PM 12: 08
SECRETARY OF STATE
TALL AHASSEF FLORID.

D. BRUCE

NOV 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE							
	Name of Limited	d Liability Compa	ny				
The en	closed Articles of Organization and fee(s) are su	ubmitted for filing	į.				
Please	return all correspondence concerning this matte	r to the following:	:				
	Jason Deutsch						
		Name of Person					
	Cell Science Systems, Cor						
		Firm/Company					
	852 s. military trail				A SE	=	
		Address			A E	_ X	
(deerfield beach, FL, 33442				TARY ASS	1 NOV 10 PM 12: 08	Ī
		State and Zip Code				P	Γ
	jd@previmedica.com E-mail address: (to be used fo	r future annual repo	rt notification)		<u>- 5</u> 5	धं	C
For fire			,		RE ATE	2	
roriur	ther information concerning this matter, please	can.			111		
jasor	n deutsch	at (954	426-2304				
	Name of Person		& Daytime Teleph	ione Number			
Enclos	sed is a check for the following amount:						
	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Certified Cop (additional copy	у	\$160.00 Fili Certificate of Certified Co (additional cop	of Status ppy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Br	urier Address on Section of Corporations uilding cutive Center Cit	rcle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:
PreviMedica Group, L.L.	C.
(Must end with the words "Li	mited 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:	Mailing Address:
850 s military trail deerfield beach, FL, 33442	850 s military trail deerfield beach, FL, 33442

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:

ARTICLE I - Name:

Jason Deutsch Name

850 s military trail

Florida street address (P.O. Box NOT acceptable)

FL 33442 City, State, and Zip deerfield beach

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..

Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Roger Davis Deutsch
	2000 s ocean blvd unit 408
	delray beach, FL, 33483
MGR	Jason Norris Deutsch
	3912 s ocean blvd nnit 308
	highland beach, FL, 33487
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
effective date is listed, the date mu	ust be specific and cannot be more than five business days prior
00 days after the date of filing.)	
o and a miner that make or militally	
s and are in any or miles	
REQUIRED SIGNATURE:	Acce
•	TALLA
•	TALLAHA
REQUIRED SIGNATURE:	ember or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a m	tember or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document, and under the penalties of perjury that the facts stated herein are fine information submitted in a document to the Department of Short felony as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee