Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email Address: Wilkinson 4800@comcast. Net

TECTIVED

FLORIDA LIMITED LIABILITY CO.

Preventive Medicine Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: Preventive Medicine Associates, LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailine Address

Timeipar Office Addi 133.		Maling Andress.			
4800 SW 198 Terrace	-	4800 SW 198 Terrace			
Southwest Ranches, FL 33332	·	Southwest Ranches, FL 3332	- 		
ARTICLE III - Registered Age The name and Florida street address of	- •	ce & Registered Agent's Signature	SECHETARY OF STATE TABLEATINSSEE, FLORIDA	2011 DEC -5 AM 86 31	
	4800 SW 198 Tem	aca			
	(P.O. Box or	Mail Drop Box NOT Acceptable]			

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.

(City / State / Zlp)

Southwest Ranches, FL 33332

Registered Agent's Signature - Curtis Wilkinson

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

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The name and address of each Mana	ager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
<u>MGR</u>	Curtis Wilkinson - 4800 SW 198 Terrace, Southwest R	anches, FL	33332
	·		
(Use attachment if necessary)			
	of a member or authorized representative of a member.		
(In accordan document cor stated berein	ce with section 608.408(3), Florida Statutes, the execution of the stitutes an affirmation under the penalties of perjury that the fare true.)	iis facts	
	Curtis Wilkinson		
	Typed or printed name of signee	SECRETARY OF STATE	Party Control of the