

From:

Division of Corporations

03/08/2012 10:45

#150 001/004

Page 1 of 1

Florida Department of State  
Division of Corporations  
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((H12000061534 3)))



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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Dialysis Asset Management, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED  
12 MAR - 8 AM 11:18  
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TALLAHASSEE, FLORIDA

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MAR - 9 2012

EXAMINER

Audit # H12000061534  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Dialysis Asset Management, LLC**

The mailing address and street address of the Limited Liability Company are:

**14546 Old St. Augustine Rd., Ste. 107  
Jacksonville, FL 32258**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618, 813-875-1333.

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#150 P.003/004

3/8/2012 2:39 PM FROM: Fax Kidney Clinic Of Jacksonville, LLC TO: 1813-200-1050 PAGE: 003 OF 006

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**14546 Old St. Augustine Rd., Ste. 107  
Jacksonville, FL 32258**

and the name of its registered agent at such address is:

**Kadir Mansur**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).  
The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Kadir Mansur, Managing Member  
14546 Old St. Augustine Rd., Ste. 107  
Jacksonville, FL 32258**

Dated: Wednesday, March 07, 2012

  
Kadir Mansur

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Audit # HI2000061534

From:

03/08/2012 15:46

#150 P.004/004

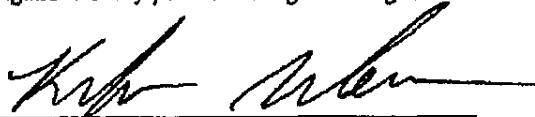
3/8/2012 2:39 PM FROM: Fax Kidney Clinic Of Jacksonville, LLC TO: 1813-200-1050 PAGE: 004 OF 006

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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: March 7, 2012



Kadir Mansur

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