

Division of Corporations

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Florida Department of State
Division of Corporations
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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

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

Email Address: _____

2012 MAY -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 MAY -7 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
GCK MEDICAL GROUP, L.L.C.**

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

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

GCK MEDICAL GROUP, L.L.C.

ARTICLE II – Address:

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

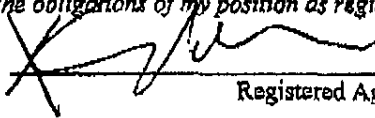
**1200 LEEWARD WAY
WESTON, FL 33327**

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

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

**CARLOS F. VALLEJO
1200 LEEWARD WAY
WESTON, FL 33327**

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.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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.)

CARLOS F. VALLEJO

Typed or printed name of signer

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

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

| <u>NAME</u> | <u>ADDRESS</u> | <u>TITLE</u> |
|-------------------|--------------------------------------|--------------|
| CARLOS F. VALLEJO | 1200 LEEWARD WAY WESTON, FL 33327 | 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

4 day of may, 2012.


CARLOS F. VALLEJO, MANAGER MEMBER

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TALLAHASSEE, FLORIDA

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