

L120000090576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

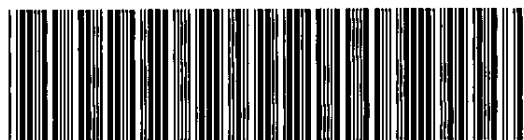
(Business Entity Name)

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12 JUL 11 AM 11:52  
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2012 JUL 11 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 12 2012

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 07/11/2012

REF. #: 000409.169484

CORP. NAME: AXIS HEALTH CARE PARTNERS, LLC

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 160075 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
AXIS HEALTH CARE PARTNERS, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is **AXIS HEALTH CARE PARTNERS, LLC.**

**ARTICLE II: - Address**

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

**3990 Sheridan Street  
Suite 106/107  
Hollywood, Florida 33021**

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

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

**NRAI Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301**

*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.*

NRAI SERVICES, INC., as Registered Agent



Name: Katie Wonsch

Title: Assistant Secretary

**ARTICLE IV: - Management**

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

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization at Miami, Florida on July 10, 2012.



Marshall R. Burack, 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.)

Marshall R. Burack

Typed or printed name of signee