

L12000100399

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

RECEIVED

12 AUG -3 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
CORPORACION GR MEDICAL, C.A. LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

TALLAHASSEE, FLORIDA

12 AUG -3 AM 8:46

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

AUG - 6 2012

EXAMINER

412000147096

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORPORACION GR MEDICAL, C.A. LLC

(Must end with the words "Limited 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:

7290 NW 114th Avenue

Apt. 209

Doral, Florida 33178

Mailing Address:

7290 NW 114th Avenue

Apt. 209

Doral, Florida 33178

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:

Appelrouth Consulting Corp.

Name

999 Ponce de Leon Blvd., Suite 625

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

Coral Gables

FL 33134

City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

12 AUG -3 AM 8:46
FLORIDA SECRETARY OF STATE

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gustavo Rodriguez

7280 NW 114th Avenue, # 208

Doral, Florida 33178

MGRM

Simon Rodriguez

7280 NW 114th Avenue, # 208

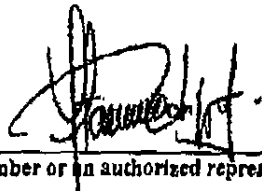
Doral, Florida 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gustavo Rodriguez

Typed or printed name of signer

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)

12 AUG -3 AM 8:46

FLORIDA