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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

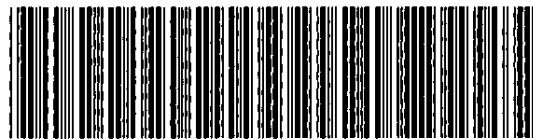
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EXAMINER

AUG 13 2013

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 8/12/13**

**NAME: CONCIERGE MEDICAL GROUP - SOUTH FLORIDA LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00 - CHECK IS ATTACHED**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: ECA000000015**

**AUTHORIZATION: ABBIE PAUL HODGE**

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FLORIDA FILING & SEARCH SERVICES, INC.  
TALLAHASSEE, FL 32302

FILED

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Concierge Medical Group - South Florida LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Glenn Gronlund**

Name of Person

**Concierge Medical Group - South Florida**

Firm/Company

**1750 NE 149th St Suite 7**

Address

**North Miami, FLorida 33181**

City/State and Zip Code

**ggronlund@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Glenn Gronlund**

Name of Person

at **305 731-4064**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 AUG 12 AM 8:42  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Concierge Medical Group - South Florida 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:

10300 SW 72nd St.

Suite 325

Miami, FL 33165

### Mailing Address:

10300 SW 72nd St.

Suite 325

Miami, FL 33165

## 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:

Glenn Gronlund

Name

1750 NE 149th St Suite 7

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

North Miami

FL 33181

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)

**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

Ramulo Clavelo

1325 SW 1st. St. Suite 201

Miami, FL 33135

MGRM

Elroy Kalme

7975 NW 154th St Suite 390

Miami, FL 33016-6130

MGRM

Blanca Gonzalez

10300 SW 72nd St. Suite 325


Miami, FL 33165

(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.)

Elroy Kalme

Typed or printed name of signee

**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)**

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