# Electronic Articles of Organization For Florida Limited Liability Company

L13000130178 FILED 8:00 AM September 16, 2013 Sec. Of State nculligan

## **Article I**

The name of the Limited Liability Company is: ORLANDO MEDICAL CARE CLINIC, LLC.

#### **Article II**

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

775 S KIRKMAN RD 105 ORLANDO, FL. 32811

The mailing address of the Limited Liability Company is:

P.O.BOX 618608 ORLANDO, FL. 32861

### **Article III**

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

ESTIN VALENTIN 775 S KIRKMAN RD 105 ORLANDO, FL. 32811

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.

Registered Agent Signature: VALENTIN ESTIN

## **Article IV**

The name and address of managing members/managers are:

Title: D ESTIN VALENTIN P.O.BOX 618608 ORLANDO, FL. 32861 L13000130178 FILED 8:00 AM September 16, 2013 Sec. Of State nculligan

## **Article V**

The effective date for this Limited Liability Company shall be:

09/13/2013

Signature of member or an authorized representative of a member

Electronic Signature: VALENTIN ESTIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.