

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 : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

EFFECTIVE DATE
10/21/13

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PRIME PEDIATRICS OF CASSELBERRY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME PEDIATRICS OF CASSELBERRY, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

PHYSICAL ADDRESS

**3950 S. US HWY. 17-92, SUITE 2024.
CASSELBERRY, FL 32707**

MAILING ADDRESS

**8236 LEE VISTA BLVD, SUITE 1
ORLANDO, FL 32829**

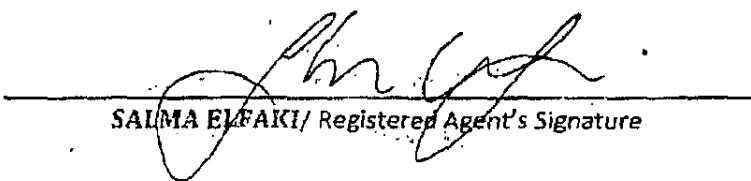
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**SALMA ELFAKI
8236 LEE VISTA BLVD, STE 1
ORLANDO, FL 32829**

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..


SALMA ELFAKI/ Registered Agent's Signature

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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:

"MGR" = Manager

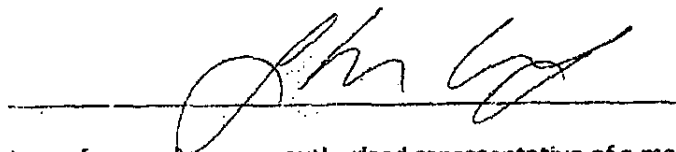
"MGRM" = Managing Member

- 1) **SALMA ELFAKI - MANAGING MEMBER**
8236 LEE VISTA BLVD. # 1
ORLANDO, FL 32829
- 2) **SOHEILA MOHAMMADIAN - MANAGING MEMBER**
8236 LEE VISTA BLVD. # 1
ORLANDO, FL 32829

ARTICLE V: Effective date, if other than the date of filing: 10/21/2013

(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.)

SALMA ELFAKI

Typed or printed name of signee

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