

**L13000162287**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
MED ASSIST TRAVEL, LLC.**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MED ASSIST TRAVEL, 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:Mailing Address:19211 NW 50<sup>th</sup> AVE  
MIAMI GARDENS, FL 3305519211 NW 50<sup>th</sup> AVE  
MIAMI GARDENS, FL 33055

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOSEPH CANEPA

Name

19211 NW 50<sup>th</sup> AVEFlorida street address (P.O. Box **NOT** acceptable)MIAMI GARDENS FL 33055

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..

Joseph Canepa

Registered Agent's Signature (REQUIRED)

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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

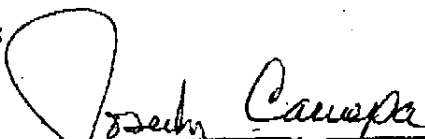
"MGRM" = Managing Member

**Name and Address:**MGRMJOSEPH CANEPA  
19211 NW 50<sup>TH</sup> AVE  
MIAMI GARDENS FL 33057MGRMRUBEN PORTAL  
19211 NW 50<sup>TH</sup> AVE  
MIAMI GARDENS FL 33057

(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.)

JOSEPH CANEPA  
Typed or printed name of signerSECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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