

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number \$ (850)617-6383

From:

Account Name CORP USA

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Fax Number

: (305)633-9696

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Email Address:

FLORIDA LIMITED LIABILITY CO. INTERNATIONAL ONCOLOGY SYSTEMS LLC

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Page Count	04
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FEB 21 2014

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CORPUSA

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COVER LETTER

Division of Corporations
SUBJECT: INTERNATIONAL ONCOLOGY SYSTEMS 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:
Pani Jasidski
Name of Person
Name of Person Name of Person MSA BLL Group Firm/Company Firm/Company Firm/Company Firm/Company
Firm/Company 20
#500 NW 99 AVE #3
Address -
DORAL FL 33/78 City/State and Zip Code
E-maileddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Dayrime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Stat
Mailing Address Street/Courier Address

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Talinhassee, PL 32301

3026339696 05/50/5014 14:38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the	L ON COLOGY 5 YSTE words "Limited Liability Company, "LL.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Comp	•
rincipal Office Address:	Mailing Address:	2011
DARAL EL 33178	wit5 SAME	2014 FEB 2 SEC (SETA
The Limited Liability Company cannot sucher business outity with an active Fig.	-	
The Limited Liability Company cannot a nother business soutty with an active Fic	serve as its own Registered Agent. You must design oride registration.)	nare an individual or 3
The Limited Liability Company cannot a nother business entity with an active Florida street address of PA4.	perve as its own Registered Agent. You must design or de registration.) of the registered agent are:	nare an individual or

Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 605, F.S..

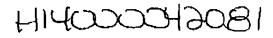
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CORPUSA



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	3 a a 40 a
MGR_	MARIO CAPUTO 5960 NW 99AVE UNITS
•	DORAL FL 331MR
MGR	NICOLAS MANUEL ILLIS
	2701 CYPRUS MUR
•	WESTAN, FL 3333 A
	المتراجع
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