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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Applied Meditection LLC Name of Li	mited Liability Company	
The er	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
•	Raul Grosz	Name of Person	
		Name of Person	
		Firm/Company	
	1330 West Ave, unit 808	Address	···
		Address	
	Miami Beach FL 33139	City/State and Zip Code	
<u>iy</u>	anson@mac.com	d for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ase call:	
Raul (	Grosz at (at (at (at (	305 3057937450	
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Applied Meditection LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21150 Biscayne Blvd. suite 201 Aventura FL 33180	c/o Raul Grosz 1330 West Ave. unit 808 Miami Beach FL 33139
The name and the Florida street address of the register  Raul Grosz	red agent are:
The name and the Florida street address of the register	red agent are:
Raul Grosz Na:	me
1330 West Ave. unit 808 Florida street address (P.O. E	3ox NOT acceptable)
Miami Beach	FL 33139
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company of sept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in support 605, F.S
Month	7
Registered Agent's Sig	mature (REQUIRED)
(CONTIN	NUED)
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