

14 000015408344

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000154083 3)))



H14000154083ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

Email Address: \_\_\_\_\_

RECEIVED  
14 JUN 27 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
MED GROUP ADVERTISING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

TALLAHASSEE, FLORIDA  
14 JUN 27 PM 8:18  
6711 6010

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

**ARTICLE I Name**

The name of the Limited Liability Company is:

**Med Group Advertising, LLC**

**ARTICLE II Address**

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

**Principal Office Address:**

**2766 N.W. 62 Street  
Miami, FL 33147**

**Mailing Address:**

**Same**

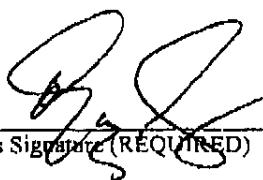
**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**Rene Gonzalez  
2766 N.W. 62 Street  
Miami, FL 33147**

*Having been named as registered agent 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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**Page 1 of 2**

**ARTICLE VI Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGRM" = Managing Member

"MGR" = Member

**Graciela V. Victorero - MGR**  
7200 N.W. 7 St., Ste. 204  
Miami, FL 33126

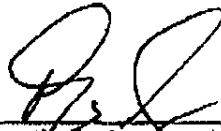
**Rene Gonzalez - MGR**  
2766 N.W. 62 Street  
Miami, FL 33147

**Rodolfo Rodriguez - MGR**  
7200 N.W. 7 St., Ste. 204  
Miami, FL 33126

**ARTICLE VI:** 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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**RENE GONZALEZ**

\_\_\_\_\_  
Typed or printed name of signee