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.

(((H14000198452 3)))



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:

Email Address:

Account Name

: CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (786)409-5946

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

FLORIDA LIMITED LIABILITY CO. GLOBAL MEDICAL AND MANAGEMENT CONSULTING,

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

AUG 25 2014 Help

T CLINE

https://efile.sunbiz.org/scripts/efileovr.exe

8/22/2014

CORPUSA

9696889908

80/22/2014 15:48



ARTICLES OF ORGANIZATION FOR ** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1

The Name of the Limited Liability Company shall be: GLOBAL MEDICAL AND MANAGEMENT CONSULTING, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 7762 TATUM WATERWAY #5, MIAMI, FL 33141

ARTICLE IV

The Company shall commence business on: 8/20/14

ARTICLE V

The name and the Florida street address of the registered agent:

JAVIER MARTINEZ DE PISON 7762 TATUM WATERWAY, #5 MIAMI, FL 33141

ARTICLE VI

The name of the Manager(S) shall be:

MANAGER

JAVIER MARTINEZ DE PISON 7762 TATUM WATERWAY #5 MIAMI, FL 33141 MANAGER

SERGIO CACCIACANE 7762 TATUM WATERWAY #5 MIAMI, FL 33141

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPESENTATIVE

GLOBAL MEDICAL AND MANAGEMENT CONSULTING, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

JAVIER MARTINEZ DE PISON

Print Name

Signature of a member or an authorized representative of a member.

(In accordance with section 605 , Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAVIER MARTINEZ DE PISON

Typed or printed name of signee

969625/5014 15:48 302633666