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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
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DIVISION OF CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.**  
**Advanced Healthcare Consulting and Management Services, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	4
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 29 AM 7:41

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September 17, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: ADVANCED HEALTCARE CONSULTING AND MANAGEMENT SERVICES, LLC  
REF: W14000056830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

FAX Aud. #: H14000217145  
Letter Number: 414A00019875

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BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**Articles of Organization for Florida Limited Liability Company**

**ARTICLE 1 – Name:**

The name of the Limited Liability Company is ADVANCED HEALTHCARE CONSULTING AND MANAGEMENT SERVICES, LLC.

**ARTICLE 2 – Address:**

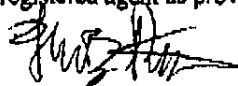
The mailing address and street address of the principal office of the Limited Liability Company is:  
21097 NE 27<sup>th</sup> COURT, SUITE 540  
AVENTURA, FL 33180

**ARTICLE 3 – Registered Agent, Registered Office and Registered Agent's Signature:**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, SUITE #221E  
PALM BEACH GARDENS, FL 33410

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 605, F.S.



Timothy Pratt, Special Secretary

Registered Agent's Signature

**ARTICLE 4 – Management**

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

The name and address of person(s) authorized to manage the Company is:

Santiago Figueroa, Manager  
20197 NE 27<sup>th</sup> Court, Suite 540  
Aventura, FL 33180

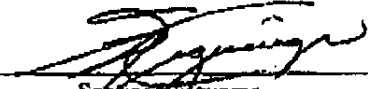
**ARTICLE 5 – Limitation on Agency Authority of Members**

Pursuant to section 605.0201(3)(d) of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

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SIGNATURE OF MEMBER OF AUTHORIZED MEMBER

  
Santiago Figueroa

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated therein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> of the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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