

10/30/2014

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Division of Corporations
Florida Department of State
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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

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

Email Address: SBmazer@verizon.net

FILED
14 OCT 30 11:10:00
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

RECEIVED
14 OCT 30 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Stephen Mazer Primary Care Service- SMPCS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

*This is one name,
not a DBA - please
file accordingly.*

OCT 31 2014

S. YOUNG

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H14000254065

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen Mazer Primary Care Service- SMPCS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**35095 US Hwy 19 N., Suite 201BPalm Harbor, FL 3468435095 US Hwy 19 N., Suite 201BPalm Harbor, FL 34684**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:

Stephen Mazer

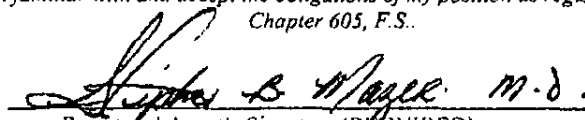
Name

35095 US Hwy 19 N., Suite 201BFlorida street address (P.O. Box NOT acceptable)Palm HarborFL 34684

City

Zip

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.


Registered Agent's Signature (REQUIRED)

Stephen Mazer

(CONTINUED)

Page 1 of 2

H14000254065

H14000254065

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

Name and Address:

Stephen Mazer

35095 US Hwy 19 N., Suite 201B

Palm Harbor, FL 34684

Lynn Roberts

35095 US Hwy 19 N., Suite 201B

Palm Harbor, FL 34684

Alanda Deonarine

35095 US Hwy 19 N., Suite 201B

Palm Harbor, FL 34684

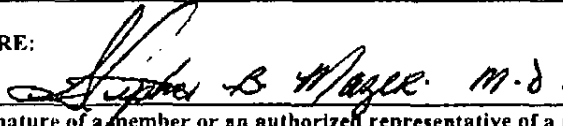
(Use attachment if necessary)

ARTICLE V: 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stephen Mazer

Typed or printed name of signee

FILED
14 OCT 30 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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